

Meat & Dairy Perishables Vendor Application

	Contact	Information	
Name of Business/Farm:			
Contact Person(s):			
Address:			
Miles to Fort Collins:	Phone Number:		Fax:
Website:		Email:	
List what you intend to sell thro	ugh the Fort Colli	ns Food Coop.	
Do you use genetically modified	l seeds or plants?	○ Yes ○ No	
Describe your pest and disease r	nanagement syste	em.	
Describe your soil and nutrient is manures on your fields, gardens	•	you compost, use fertili	izers, green manures or animal
Describe your water usage pract and explain how you conserve w			deep well, surface water, etc.,
Describe how you are protecting water run-off from your property		ees from contamination/	erosion. What happens with

Describe your conservation/land stewardship practices. (e.g., do you plant windbreaks, maintain grass waterways, riparian buffers, use green manures for wind erosion, plant habitats for birds, improve soil quality, etc.)
Describe any additional information and/or sustainable practices about your operation that would be helpful to a potential customer in understanding your farm or operation better. (e.g. if you are raising any heritage animals you might list breeds or list varieties or heirloom seeds.)
Describe your herd/flock health and productivity management. (i.e. do you use any hormones, antibiotics, and/or steroids. What happens with sick animals or birds, etc.)
Describe your feeding practices. (i.e. do you grass/forage-fed only, free-range, grain-fed, feed-lot, etc.)
Do you grow your own feed? O Yes O No
If yes, specify which feed ingredients or forages you grow for feeding your animals or birds.
If you answered NO to question above, what is your feed sources(s)?
Does your feed contain growth hormones, antibiotics, steroids, animal byproducts or arsenic? O Yes O No
If you answered YES to question above, specify which of these ingredients are included.
Is your feed certified as USDA Organic? O Yes O No If you answered Yes to question above, specify which certification(s).

Crganically Grown Producers: List which products you are selling as organic:			
List certifying agency's name and address:			
Certifying Agency's Phone:			
Certifying Agency's Fax:			
Do you have available for inspection a copy of your current organic/CNG certificate?			
Certification & Liability			
List your food liability insurance coverage, both general and product-related, as well as any licenses and tests that you have available.			
Is your operation subject to any certification (USDA, organic, etc.)? O Yes O No If yes, please explain and provide identifying information and/or a copy of the certificate.			
Do you use outside services that are subject to certification (butcher, packer, etc)? O Yes O No If yes, please explain and provide contact information.			
Please provide your Federal Tax ID number.			
By submitting this application I affirm that all statements made about my farm/business and products in this application are true, correct and complete and I have given a truthful representation of my operation, practices, and origin of products. Information provided is for internal Food Cooperative's records only and will not be shared with the public.			
Signature Date			
After form is completed, print out and fax to (970) 472-2693. Thank you!			