



# REGISTRATION APPLICATION FOR PRODUCE FARMS

State Form 55150 (R4 / 8-20)

INDIANA STATE DEPARTMENT OF HEALTH  
 FOOD PROTECTION DIVISION  
 100 North Senate Avenue, Room N855  
 Indianapolis, Indiana 46204  
 Telephone: (317) 234-8569  
 E-mail: [producesafety@isdh.in.gov](mailto:producesafety@isdh.in.gov)

Produce Farms or any entity that grows, harvests, packs, and/or holds covered produce, as defined in 21 CFR Part 112, for human consumption should complete this form. The information provided on this form is considered a matter of public record; therefore, **please do not provide confidential or trade secret information on this registration form.**

**INSTRUCTIONS:** Please complete and submit this form online, and a Certificate of Registration will be mailed to you within the next three (3) to four (4) weeks. If you encounter any difficulties, please call (317) 234-8569 for assistance.

## Business Information

Farm Company Name (DBA)	
First Name of Business Owner	Last Name of Business Owner
Mailing Address (number and street)	
City	State
ZIP Code	County
E-mail Address	Telephone Number:
	Alternative Telephone Number:
Farm Physical Address (number and street) (If different than mailing address)	
City	State
ZIP Code	County
Farm Website	

## Person In Charge (If different than owner)

First Name	Last Name
Title	Contact Telephone Number
E-mail Address	

## Farm Information

Approximate acreage of the farm: <input type="checkbox"/> 1 – 10 <input type="checkbox"/> 11 – 100 <input type="checkbox"/> 101 – 500 <input type="checkbox"/> 501 – 1,000 <input type="checkbox"/> 1,001 – 2,500 <input type="checkbox"/> 2,501 – 5,000 <input type="checkbox"/> More than 5,000
Forms of market sales that the farm participants in: <i>(Select all that are applicable.)</i> <input type="checkbox"/> Farmers' Market <input type="checkbox"/> Farm / Roadside Stand <input type="checkbox"/> U-Pick <input type="checkbox"/> Community Shared Agriculture <input type="checkbox"/> Wholesale Market <input type="checkbox"/> Direct Sell to Customer (e.g. restaurants) <input type="checkbox"/> Other <i>(please specify)</i> : _____
Indicate whether the farm grows, harvests, packs, holds, and/or distributes any covered produce. <i>(Select all that are applicable.)</i> <input type="checkbox"/> Grow <input type="checkbox"/> Harvest <input type="checkbox"/> Pack <input type="checkbox"/> Hold <input type="checkbox"/> Distribute <input type="checkbox"/> Other <i>(please specify)</i> : _____
Intended commercial use of crop(s): <input type="checkbox"/> Whole Uncut / Post-Harvest Cut <input type="checkbox"/> Processing <input type="checkbox"/> Other: _____
Approximate months of primary activities on the farm: Planting / Seeding   From: _____ To: _____ Growing   From: _____ To: _____ Harvesting / Packing   From: _____ To: _____
Average annual <u>produce</u> sales over the previous three (3) years: <input type="checkbox"/> Less than \$25,000 <input type="checkbox"/> \$25,000 - \$250,000 <input type="checkbox"/> \$250,001 - \$500,000 <input type="checkbox"/> Over \$500,000
Please list all produce that is grown on the farm.   

## Signature of Applicant and Date

Signature of Applicant	Date <i>(month, day, year)</i>
Printed Name of Applicant	Title