

Hibbing Farmers Market

Membership Form 2025

Members Names: _____

Farm/Business Name (Name you want for your listing): _____

Information for your listing on our Farmers Market Website

(i.e. Describe product, growing methods, certification, etc.) _____

Website _____:

Facebook Page: _____

Mailing Address: (* Required Info)

Name: * _____

Address: * _____

Contacts: * _____

Name Phone Email _____

Check all that apply:

I will only be selling products not subject to Minnesota sales tax.

Or Enter your MN State Sales Tax No: _____

I am applying as a Processor (I make a food product in my own or a leased/rented facility within 50 miles of the market.)

I am exempt from having a Minnesota food license under Minnesota Statutes.

Or Enter your license No and Type: _____

List products you plan to sell: _____

I, the undersigned, have read and understand the rules and regulations of the Hibbing Farmers Market and I agree to abide by them. I agree to pay my annual membership fee and will pay the daily per space fee each time I sell at the Market.

I agree/disagree to allow photos to be posted on HFM website Facebook and other social media

SIGNATURE: _____

DATE: _____

**Please return this form to the HFM Market Manager or designee. Ed Nelson
10796 Foss Road Hibbing MN55746 email mredsfarmllc@gmail.com 218-966-1354**