

**Hibbing Farmers Market**  
Membership Form 2024

**Members Names:** \_\_\_\_\_

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

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**Information for your listing on our Farmers Market Website**

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

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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:** \_\_\_\_\_

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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](mailto:mredsfarmllc@gmail.com) 218-966-1354**