PRODUCE SAFETY
GEORGIA DEPARTMENT OF AGRICULTURE

Produce Farm Business Plan

Farm Name: _____

Physical Address: _____ (Street) _____ (City) _____ (Zipcode) _____ (County)

Mailing Address: (If different from Physical Address) _____ (Street) _____ (City) _____ (State) _____ (Zipcode)

POC Name: _____ (First) _____ (Last) **POC Title:** _____

POC Phone: ( ) - **POC Email:** _____

POC's preferred mode of contact? ☐ Email ☐ Phone ☐ Mail

Training as required by Part 112.22(c) of the Produce Safety Rule: (If completed) _____ **Course Name** / / **Date of Completion** **Attendee Name**

The following produce are considered to be 'rarely consumed raw':
asparagus; black beans, great Northern beans, kidney beans, lima beans, navy beans, and pinto beans; garden beets (roots and tops) and sugar beets; cashews; sour cherries; chickpeas; cocoa beans; coffee beans; collards; sweet corn; cranberries; dates; dill (seeds and weed); eggplants; figs; horseradish; hazelnuts; lentils; okra; peanuts; pecans; peppermint; potatoes; pumpkins; winter squash; sweet potatoes; and water chestnuts

Will your farm handle any produce that is NOT included in the above list? ☐ Yes ☐ No
If yes, please describe your operation (i.e. packing, distributing, etc.).

Are existing structures in compliance with city and/or county codes? ☐ Yes ☐ No
Please explain.

*** If facility is still under construction, please provide copy of blueprints.**

By signing this form, I attest that the information contained herein is accurate for my intended operations and I meet the qualifications laid out by this instrument. I will notify the Georgia Department of Agriculture prior to beginning any change of operation not originally disclosed on this form, so that any requirements can be reassessed to ensure continued compliance with the Department's regulations.

_____ **Applicant Printed Name**

_____ / / **Date**

_____ **Applicant Signature**

_____ **Applicant Title**

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