

**FLORIDA TOMATO COMMITTEE**

800 Trafalgar Court, Suite 300 • Maitland, FL 32751

Phone (407) 660-1949 • Fax (407) 660-1656

www.floridatomatoes.org

**20\_\_\_-20\_\_\_ APPLICATION FOR REGISTRATION AS TOMATO HANDLER**

I hereby apply for registration as a Tomato Handler for the 20\_\_\_-20\_\_\_ season.

1. Physical address of all location(s) of grading and packing facilities in the production area:

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2. Type of business (Individual, Firm, Partnership, Corporation, Co-operative, Association or other business unit):

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3. If other than individual, show below names and addresses of the officers, partners, or other individuals having a financial interest in the business with the applicant.

| Name | Title | Address, City, State, Zip code |
|------|-------|--------------------------------|
|      |       |                                |
|      |       |                                |
|      |       |                                |
|      |       |                                |

4. How many years have you been in the tomato business in Florida? \_\_\_\_\_

Business Name of Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_

By: \_\_\_\_\_

Authorized Signature and Title                      Print Name

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**CRITICAL INFORMATION REQUEST**

Please provide the information below for each grower who you expect will be shipping through your packing facility for the 20\_\_ - 20\_\_ season. This information is needed to ensure that your growers are kept up-to-date on Florida Tomato Committee (Committee) activities and on subjects affecting the Florida tomato industry as a whole, such as: Medfly alerts; government regulations; labor situations; market conditions; etc. Return this form with your application for registration as a tomato handler.

GROWER NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TEL. NO. \_\_\_\_\_

GROWER NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TEL. NO. \_\_\_\_\_

GROWER NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TEL. NO. \_\_\_\_\_

GROWER NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TEL. NO. \_\_\_\_\_

**(Make additional copies to list additional growers if necessary.)**