



WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Fruit and Vegetables

**ANNUAL TOMATO FARM AND GREENHOUSE  
REGISTRATION APPLICATION**

Rule 5G-6.007, F.A.C.

Phone: (863) 578-1900  
(800) 782-3240

Make check or money order payable to  
FDACS and remit with application to:

Division of Fruit and Vegetables  
Office of License and Bond  
170 Century Blvd,  
Bartow, Florida, 33830-9701

The Department of Agriculture and Consumer Services is the exclusive regulatory and permitting authority for any person, business or corporation engaged in the farming of fresh tomatoes. Farming is defined as the growing and harvesting of fresh tomatoes for movement to a packing house or other packing/repacking facility where final preparation and packing will be completed before distribution. **REMIT PERMIT COST OF \$100.00 WITH APPLICATION.**

**INFORMATION ABOUT THE LOCATION TO BE REGISTERED**

☐ Renewal ☐ New Business ☐ Corrected Information ☐ Other

If other, please list here: \_\_\_\_\_

Farm/Applicant Name: \_\_\_\_\_

Type of Tomato Farm: ☐ Field Grown ☐ Greenhouse Type of Tomatoes Grown: \_\_\_\_\_

Farm Address: See Page 2

Applicant/Leasee Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_ Ext: \_\_\_\_\_ Mobile Number: (     ) \_\_\_\_\_

Fax Number: (     ) \_\_\_\_\_

Directions/GPS Coordinates: \_\_\_\_\_

**INFORMATION ABOUT THE OWNER/APPLICANT**

Name of Owner/Applicant: \_\_\_\_\_

Business Type: ☐ Corporation ☐ Sole Proprietor ☐ Partnership ☐ Trust ☐ Charitable ☐ Other

If Other, Please list here: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_ Ext: \_\_\_\_\_ Mobile Number: (     ) \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

E-mail: \_\_\_\_\_

This application must be signed by the applicant, owner or chief executive of the applicant, without the need for witnesses. If a corporation is in the hands of a receiver or trustee, this application shall be executed on behalf of the corporation by the receiver or trustee. I certify that I am empowered to execute this application.

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Org. Code:42070204000

EO A2

Object Code: 001037

\$100.00

1-Field Number_____	Physical Address_____
	GPS Coordinates or Legal Description_____
	Approximate Date of Harvest_____
2-Field Number_____	Physical Address_____
	GPS Coordinates or Legal Description_____
	Approximate Date of Harvest_____
3-Field Number_____	Physical Address_____
	GPS Coordinates or Legal Description_____
	Approximate Date of Harvest_____
4-Field Number_____	Physical Address_____
	GPS Coordinates or Legal Description_____
	Approximate Date of Harvest_____