

Sioux Empire Farmers Market Association Value-Added Product Application for 2010

Your Name: _____ Business Name: _____

Name of Value –Added Product - (Include photograph of item)

Please explain how this product will enhance your product line.

Return completed form to:

Linda L Krsnak
24009 465th Ave
Chester, SD 57016

For Association Use Only:

Date Application Received: _____ Date Application Reviewed: _____

Date Application Approved: _____ Date Application Denied: _____