



# Farm Product Add On

Farm/Business Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Write in any additional items you plan to sell this year. New products are subject to approval and inspection.  
**If processing food on site, list final product separate from raw ingredients.**

| New Product | Variety or Ingredients | Intended Production |
|-------------|------------------------|---------------------|
|             |                        |                     |
|             |                        |                     |
|             |                        |                     |
|             |                        |                     |

If your product is a processed good, please list where you source your ingredients:

\_\_\_\_\_

\_\_\_\_\_

If any additional permits are required for new products, please check off and provide copy:

- |  |  |
|--|--|
| <input type="checkbox"/> Licensed Food Processor Facility              | <input type="checkbox"/> Food Worker Permit                        |
| <input type="checkbox"/> Food Processor License                        | <input type="checkbox"/> Cottage Food Permit                       |
| <input type="checkbox"/> Organic Certification                         | <input type="checkbox"/> Nursery License                           |
| <input type="checkbox"/> Good Agricultural Practices (GAP)             | <input type="checkbox"/> Egg Handler/Dealer License                |
| <input type="checkbox"/> Good Handling Practices (GHP)                 | <input type="checkbox"/> WA State Liquor Control Board Endorsement |
| <input type="checkbox"/> Milk Processing Plant (Grade A Dairy) License | <input type="checkbox"/> Apiary Registration                       |
| <input type="checkbox"/> Milk Producers License                        | <input type="checkbox"/> Other                                     |

If there have been any changes to the land owned and/or leased to accommodate new products, you must report these changes. All restrictions and guidelines listed and signed off on in original application still apply. Any new product may warrant a follow-up farm inspection.

**Return or Mail Application Materials to:**  
 Attn: Farm Program  
 Pike Place Market PDA  
 85 Pike Street, Room 500  
 Seattle, WA 98101

**\*\*\*Official Use Only\*\*\***  
 Product Approved/Authorized Signature:  
 \_\_\_\_\_  
 Date: \_\_\_\_\_