

2 W. Edenton St. · Raleigh, NC 27601

1020 Mail Service Center · Raleigh, NC 27699-1020

Phone: 919-707-3152 · Fax: 919-733-0999



Goodness Grows Membership Application

Company Name: _____

Company Owner/President: _____

Main Marketing Contact: _____

Mailing Address: _____ Shipping Address: _____

City _____ State: _____ Zip: _____ City _____ State: _____ Zip: _____

County: _____

Email address: _____ Web address: _____

Phone 1: _____ Phone 2: _____ Fax: _____

In which region of NC would you place yourself? Western Central Eastern

Please select the categories that best describe your business: (place check boxes beside options)

- | | | | |
|--|--|---------------------------------------|---|
| Beverage <input type="checkbox"/> | Christmas Trees <input type="checkbox"/> | Frozen Foods <input type="checkbox"/> | Greenhouse <input type="checkbox"/> |
| Grocery Items <input type="checkbox"/> | Livestock <input type="checkbox"/> | Meat <input type="checkbox"/> | Non-Food <input type="checkbox"/> |
| Nursery <input type="checkbox"/> | Organic <input type="checkbox"/> | Produce <input type="checkbox"/> | Refrigerated Foods <input type="checkbox"/> |
| Restaurant <input type="checkbox"/> | Retail Food Store <input type="checkbox"/> | Row Crops <input type="checkbox"/> | Sauces <input type="checkbox"/> |
| Agritourism <input type="checkbox"/> | Seafood/Aquaculture <input type="checkbox"/> | Snack Food <input type="checkbox"/> | |

Please list all the products that you would like to be considered for membership. If you are applying as a restaurant or retail store, please indicate the NC products featured. Write product names/descriptions as they appear on your label - if you use multiple company names for your different labels, please include those as well.

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Please indicate any State or Federal inspectors that inspect your facilities (include copy of recent inspections with application)

How do you see the Goodness Grows in North Carolina Program benefiting your operation?

Processed Items

List the NC agricultural items used in your product

Please indicate co-packer if applicable: _____

If you are cooking out of your home, has your kitchen been inspected (please include copy of inspection with application)? Yes No N/A

Is your product safety sealed? Yes No N/A

Do you have product liability insurance? Yes No N/A

Nursery, Greenhouse, and Christmas Tree Products

Certified Nursery: Certificate #: _____ Greenhouse Cut Christmas Trees

Restaurants: Who are your primary food distributors?

In making this application, I agree to follow the criteria and guidelines of the Goodness Grows in North Carolina program. Any violation of the guidelines can result in a retraction of this membership. I certify that the above information is correct and true to the best of my knowledge.

Signature _____ Date _____

Printed Name _____ Title _____