



# CONNECTICUT DEPARTMENT OF AGRICULTURE

450 Columbus Boulevard, Suite 703, Hartford, CT 06103  
Bureau of Agricultural Development and Resource Preservation



## 2025 SPECIALTY CROP PLAN

Date Completed: \_\_\_\_\_ Contact Name \_\_\_\_\_

Farm Name \_\_\_\_\_

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

Town \_\_\_\_\_ Zip \_\_\_\_\_

Farm Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

Cultivated Acres Owned \_\_\_\_\_ Cultivated Acres Leased \_\_\_\_\_ Total Acres Cultivated \_\_\_\_\_

List the farmers' markets you will be participating in or have applied to participate in (as both a full-time and/or part-time vendor). Attach a separate page if necessary.

- |          |           |           |
|----------|-----------|-----------|
| 1. _____ | 6. _____  | 11. _____ |
| 2. _____ | 7. _____  | 12. _____ |
| 3. _____ | 8. _____  | 13. _____ |
| 4. _____ | 9. _____  | 14. _____ |
| 5. _____ | 10. _____ | 15. _____ |

I attest that this crop plan is truthful and an accurate representation of my farm's production area. **I understand it is my responsibility to maintain an updated crop plan with the Connecticut Department of Agriculture and provide a copy to each farmers' market my farm participates in.** I understand a current crop plan is required for valid participation in the Farmers' Market Nutrition Program and certified farmers' markets. Failure to maintain a current crop plan may result in dismissal from the program. I understand any farm products (as defined by CGS Sec. 22-6r (7)) not grown by myself and brought to a certified Connecticut farmers' market shall be labeled accordingly per CGS Sec 22-38.

### Farmer Signature

### Date

By affixing my signature to this statement (General Statutes of Connecticut, Vol 13, Sec 53a – 157b under penalty of false statement(\*) in the second degree: Class A misdemeanor), I acknowledge that I have read and completed this document and/or someone has read it and completed it for me and it is true to the best of my knowledge and belief.

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(\*)Sec. 53a-157b. (Formerly Sec. 53a-157). False statement in the second degree: Class A misdemeanor. (a) A person is guilty of false statement in the second degree when he intentionally makes a false statement under oath or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable, which he does not believe to be true

**For each product grown or produced on your farm, enter the total quantity of all varieties. An additional sheet can be attached if necessary. This can be updated throughout the growing season.**

Non Agricultural Products Sold at Farmers' Markets		Quantity (if applicable)	PLANTS & CUT FLOWERS	Flats	Containers/ Ball Burlap	Hangers	Total Greenhouse Sq Ft
			Annuals				
			Perennials				
			Vegetable plants				
			Nursery				
			Cut Flowers	Acres:			
			Pesticide Applicators License Number (if applicable):				
			<i>A list of plant varieties must be provided. Attached additional sheet(s)</i>				
List Numbers of Applicable Licenses and Permits:			<b>SEAFOOD</b>	<b>Pounds/Year</b>	<b>Total Acres</b>		
			Oysters				
			Hard Clams				
			Fin Fish				
			Seaweed/Kelp: # of long lines & length:				
			List Numbers of Applicable Licenses and Permits:				
<b>LIVESTOCK, POULTRY, &amp; EGGS</b>		<b>Number of Head</b>	<b>DAIRY PRODUCTS</b>	<b>Varieties offered (flavors, types, etc.)</b>			
Cattle - Dairy			Yogurt				
Cattle - Beef			Ice Cream				
Cattle - Veal			Butter				
Sheep - Lamb			Milk				
Sheep - Ewes			Cheese				
Pigs - Feeder			List Numbers of Applicable Licenses and Permits:				
Pigs - Market Hogs			<b>SOAP/LOTIONS/BATH GOODS PRODUCED ON-FARM</b>				
Pigs - Boars			(Provide the name of the item. Items produced by non-farmers should go in the non-ag products section above.)				
Pigs - Sow							
Chicken - Broilers							
Chicken - Layers							
Chicken - Spent Hens							
Eggs - Dozens per Week							
Turkeys - Toms							
Turkey - Hens							
USDA or Custom Slaughter:							
Slaughter & Processing Location(s):							
			List Numbers of Applicable Licenses and Permits:				
<b>HONEY &amp; MAPLE SYRUP</b>			<b>OTHER AG PRODUCTS PRODUCED ON-FARM NOT LISTED</b>				
Honey - Number of Hives							
Honey - Pounds/Year							
Maple Syrup - # of Taps							
Maple Syrup - Gallons/Year							
<b>BAKERY ITEMS PRODUCED ON-FARM</b>			<b>OTHER VALUE-ADDED &amp; SPECIALTY FOOD PRODUCED ON-FARM</b>				
(Provide the name of the item. Bakery items produced by non-farmers should go in the non-ag products section above.)			(Provide the name of the item. Items produced by non-farmers should go in the non-ag products section above.)				
			Commercial Kitchen License Number:				

Keep a copy and send the completed form to: **Jaime Smith – [Jaime.Smith@ct.gov](mailto:Jaime.Smith@ct.gov) OR 450 Columbus Blvd, Suite 703, Hartford, CT 06103 AND provide a copy to the market master for each market you're attending in 2025.**