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FARM/BUSINESS/ORGANIZATION BIO

NAME OF BUSINESS _____

OWNER/S _____

OPERATOR _____

SOCIAL MEDIA PAGES _____

YEAR ESTABLISHED/OPENED _____

ACREAGE FARMED _____ NUMBER OF YEARS WITH DSFM _____

PRODUCE/PRODUCT OFFERED _____

WHY DID YOU OPEN YOUR BUSINESS? _____

WHAT MOTIVATES YOU TO CONTINUE WITH YOUR BUSINESS? _____

ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO SHARE. _____
