



FARMER APPLICATION

To submit your printed application, complete this form and mail it to:

- ▶ Vital Farms Egg Central Station
2007 N. Alliance Ave.
Springfield, MO 65803

* indicates required fields.

<hr/>	
First Name *	Last Name *
<hr/>	
Email Address *	
<hr/>	
Phone *	
<hr/>	
Home Address *	
<hr/>	
Home Address Line 2	
<hr/>	
City *	State *
<hr/>	
Zip *	
<hr/>	
Farm Address (if different)	
<hr/>	
Farm Address Line 2	
<hr/>	
City	State
<hr/>	
Zip	



FARMER APPLICATION

How did you hear about farming with Vital Farms? (Choose one) *

- Friend, family member or neighbor
- Billboard
- Banker
- Radio
- Newspaper
- Vital Farms crew
- Vital Farms website
- Commercial
- Pamphlet

Were you referred to Vital Farms? Please name here. *

Why are you interested in becoming a Vital Farms farmer? *

Tell us about yourself, your family and why you believe you will be a successful member of the Vital Farms farmer network. *

Do you have experience with laying hens or any other types of livestock? Please explain. *



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Do you have pre-approval for funding? Please explain. *

Are you prepared to devote yourself to the day-to-day, hands-on operations of your farm? *

How many acres are you able to devote to your farm? *

Which of the following describes you? *

- I own my land
- I rent/lease my land
- I am actively looking to purchase land
- I co-own my land
- I manage the land/farming operations, but do not own it myself
- Other: _____

Have you ever been convicted of a crime involving animal abuse? *

- Yes
- No