



Iowa Department of Agriculture and Land Stewardship

CHOOSE IOWA PROGRAM

502 E. 9th • Des Moines, IA 50319

Phone: (515) 281-8604

www.chooseiowa.com

Company/Farm Name _____

Contact _____

Address _____

City _____ County _____ State _____ Zip _____

Phone_(____) _____ Mobile_(____) _____ Fax_(____) _____

Email _____ Website _____

1. Type of Business:
- | | | | |
|--------------------------------------|--|--|---------------------------------------|
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Farmers' Market | <input type="checkbox"/> Grower | <input type="checkbox"/> Manufacturer |
| <input type="checkbox"/> Processor | <input type="checkbox"/> Producer | <input type="checkbox"/> On-Farm Market | |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Retailer | <input type="checkbox"/> Trade Association | |
| <input type="checkbox"/> Wholesaler | <input type="checkbox"/> Other, please specify _____ | | |

→ REFER TO PAGE 2 OF APPLICATION TO LIST THE LABELED PROCESSED PRODUCTS YOU WISH TO REGISTER.

2. How are products sold: Wholesale Only Retail Only Both Retail and Wholesale

3. Are the major ingredients of your products being grown in Iowa? Yes No N/A

4. If yes, in what location are they grown?(city,county) _____

5. Are your products processed in Iowa? Yes No N/A

6. In what location are they processed?(city,county) _____

7. In what location are they packaged?(city,county) _____

8. Do state or federal agencies inspect or license your products or facilities? Yes No N/A

if yes, attach copies of inspections, licenses, or permits.

If you do not have your product state/federally inspected, do you incorporate a quality assurance control program? Yes No N/A

How did you find out about the "Choose Iowa" logo? IDALS staff IDALS website Tradeshow
 Referred by current program participant Other _____

Member of Iowa Grocery Industry Assn - If Yes, application fee is waived Yes No

The Iowa Department of Agriculture and Land Stewardship (IDALS) "Choose Iowa" logo shall be used only on products identified herein and kept on file with IDALS, Agricultural Marketing Bureau. This application is for the products listed on the attached application and no others. If you significantly alter the registered products using this logo, you must obtain IDALS approval. I have completed the application and read the guidelines for logo use. I agree to follow the guidelines when using the "Choose Iowa" logo, and certify that the above information is correct and true to the best of my knowledge.

A \$25 application fee and a product registration fee must be enclosed

→ _____
Signature and Title Date

FOR IDALS USE ONLY

Date Received: _____ By: _____

Final Approval: The applicant has met the requirements of the logo program and is licensed to use the "Choose Iowa" logo.

→ _____
Signature of Authorized IDALS Employee Date

