



Farmers' Market Nutrition Program (FMNP)
VENDOR LIST (FMC-11)

Instructions: Fill in the information below for each bona fide fruit and vegetable farmer attending your market as a vendor. This form must accompany every FMNP Market Participation Agreement (FMC-8). Other formats will be accepted, so long as all the information below is provided. List products in categories (e.g. fruits, vegetables, dairy, meat, fish, baked goods, jams, jellies, maple, honey, eggs, potted plants, herbs, etc.). If more room is needed, make copies of this form or write on the back.

Market Name: \_\_\_\_\_ Market County: \_\_\_\_\_

Total Number of Vendors (all vendors, including the FMNP bona fide farmers listed below): \_\_\_\_\_

Farm Name (#1): \_\_\_\_\_ Total Planted Acres (or row-feet) in Produce: \_\_\_\_\_

Farmer Name: \_\_\_\_\_ Returning FMNP Farmer Stamp ID: \_\_\_\_\_

Farmer Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Products: \_\_\_\_\_

Farm Name (#2): \_\_\_\_\_ Total Planted Acres (or row-feet) in Produce: \_\_\_\_\_

Farmer Name: \_\_\_\_\_ Returning FMNP Farmer Stamp ID: \_\_\_\_\_

Farmer Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Products: \_\_\_\_\_

Farm Name (#3): \_\_\_\_\_ Total Planted Acres (or row-feet) in Produce: \_\_\_\_\_

Farmer Name: \_\_\_\_\_ Returning FMNP Farmer Stamp ID: \_\_\_\_\_

Farmer Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Products: \_\_\_\_\_

Farm Name (#4): \_\_\_\_\_ Total Planted Acres (or row-feet) in Produce: \_\_\_\_\_

Farmer Name: \_\_\_\_\_ Returning FMNP Farmer Stamp ID: \_\_\_\_\_

Farmer Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Products: \_\_\_\_\_

Market Manager/Sponsor Signature. As market manager/sponsor for the above market, I certify that the above farmer(s) will be/is a vendor at my market this FMNP season and he/she has provided a current year Crop Plan (FMC-12) as evidence of his/her status as an FMNP bona fide farmer.

Market Manager/Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Submit to: NYS Department of Agriculture and Markets, 55 Hanson Place, Room 388, Brooklyn, N.Y. 11217 Attention: FMNP or FAX to (718) 722-2836 or email to farmersmarkets@agriculture.ny.gov. For further information, please call the Department at (800) 554-4501; Brooklyn office: (718) 722-2830; Albany office: (518) 457-7076 prompt #1.

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