

SUPPLIER LIST (FMC-10)

Instructions: Fill in the information below for every fruit and vegetable supplier (business) anticipated to supply/is currently supplying this market during either the FMNP season (June 1 – November 30), or from the market's opening day to closing day, whichever is the shorter. The supplier information should be specific to each market day and location. For example, if the market operates on Tuesday and Thursday, submit a separate supplier list for each market day. Examples of fruit and vegetable businesses can include farmers (growers), dealers, distributors, food hubs, etc. If more room is needed, make copies of this form.

Market Name: _____ **Day:** Mo Tu We Th Fr Sa Su

Is the market operated/sponsored by a private nonprofit agency? Yes No In-Progress

Business Name (#1): _____

Owner's First and Last Name(s): _____

Business Address: _____ Zip: _____

If the farm is participating in the FMNP, indicate the following: N/A, this supplier is not an FMNP farm.

FMNP Stamp ID: _____ Acreage Cultivated in Fruits/Vegetables: _____ Farm's Total Tillable Acreage: _____

Business Name (#2): _____

Owner's First and Last Name(s): _____

Business Address: _____ Zip: _____

If the farm is participating in the FMNP, indicate the following: N/A, this supplier is not an FMNP farm.

FMNP Stamp ID: _____ Acreage Cultivated in Fruits/Vegetables: _____ Farm's Total Tillable Acreage: _____

Business Name (#3): _____

Owner's First and Last Name(s): _____

Business Address: _____ Zip: _____

If the farm is participating in the FMNP, indicate the following: N/A, this supplier is not an FMNP farm.

FMNP Stamp ID: _____ Acreage Cultivated in Fruits/Vegetables: _____ Farm's Total Tillable Acreage: _____

Signature of Applicant. I acknowledge that I have read and agree to abide by the NYS FMNP "Rules and Procedures for Markets (FMC-4)" provided by the NYS Department of Agriculture and Markets. By signing below, I certify that all information is true and correct to the best of my knowledge.

Signature (required): _____ **Date:** _____

Print Name: _____ **Title:** _____

Submit to:

NYS Dept. of Agriculture and Markets Attention: FMNP
10B Airline Drive Albany NY 12235

Fax: (518) 457-8398
Email: farmersmarkets@agriculture.ny.gov

Questions? Albany: (518) 457-7076 prompt #1

Toll Free: (800) 554-4501

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Business Name (#4): _____

Owner's First and Last Name(s): _____

Business Address: _____ Zip: _____

If the farm is participating in the FMNP, indicate the following: N/A, this supplier is not an FMNP farm.

FMNP Stamp ID: _____ Acreage Cultivated in Fruits/Vegetables: _____ Farm's Total Tillable Acreage: _____

Business Name (#5): _____

Owner's First and Last Name(s): _____

Business Address: _____ Zip: _____

If the farm is participating in the FMNP, indicate the following: N/A, this supplier is not an FMNP farm.

FMNP Stamp ID: _____ Acreage Cultivated in Fruits/Vegetables: _____ Farm's Total Tillable Acreage: _____

Business Name (#6): _____

Owner's First and Last Name(s): _____

Business Address: _____ Zip: _____

If the farm is participating in the FMNP, indicate the following: N/A, this supplier is not an FMNP farm.

FMNP Stamp ID: _____ Acreage Cultivated in Fruits/Vegetables: _____ Farm's Total Tillable Acreage: _____

Business Name (#7): _____

Owner's First and Last Name(s): _____

Business Address: _____ Zip: _____

If the farm is participating in the FMNP, indicate the following: N/A, this supplier is not an FMNP farm.

FMNP Stamp ID: _____ Acreage Cultivated in Fruits/Vegetables: _____ Farm's Total Tillable Acreage: _____

Business Name (#8): _____

Owner's First and Last Name(s): _____

Business Address: _____ Zip: _____

If the farm is participating in the FMNP, indicate the following: N/A, this supplier is not an FMNP farm.

FMNP Stamp ID: _____ Acreage Cultivated in Fruits/Vegetables: _____ Farm's Total Tillable Acreage: _____

Business Name (#9): _____

Owner's First and Last Name(s): _____

Business Address: _____ Zip: _____

If the farm is participating in the FMNP, indicate the following: N/A, this supplier is not an FMNP farm.

FMNP Stamp ID: _____ Acreage Cultivated in Fruits/Vegetables: _____ Farm's Total Tillable Acreage: _____