



**SUPPLIER LIST (FMC-10)**

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

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

**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: \_\_\_\_\_

**OVER**

**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  
55 Hanson Place Room 388  
Brooklyn NY 11217

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

**Questions?** Brooklyn: (718) 722-2830 Albany: (518) 457-7076 Toll Free: (800) 554-4501

This institution is an equal opportunity provider.

**SUPPLIER LIST (FMC-10)**

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: \_\_\_\_\_