



MARKET PARTICIPATION AGREEMENT (FMC-8)

Market Name: _____ Market County: _____

Market Model: Multi-vendor Farmers' Market Single-stall Farm Stand Mobile Market Other _____

Market Website URL: _____

Who owns the land where the market is located? _____

Has the land owner granted permission this year to operate the market on their property? Yes No In-Progress

Summer Market:

Address: _____ City: _____ Zip: _____

Opening Date: _____ Closing Date: _____ weekly monthly year-round other _____

Winter Market: N/A, no winter market is planned at this time.

Address: _____ City: _____ Zip: _____

Opening Date: _____ Closing Date: _____ weekly monthly year-round other _____

Table with 8 columns: HOURS OF OPERATION* (e.g. 4pm-6pm), Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday. Rows for Summer Market and Winter Market.

*Markets exclusively operating as honesty boxes are not permitted; someone must be present during the hours of operation listed above.

Market Sponsor Name: _____

Contact Person Name: _____ E-mail: _____

Contact Mailing Address: _____

Contact Phone: _____ Cell Phone: _____ Fax: _____

Manager information is the same as contact information above.

Market Manager Name: _____ E-mail: _____

Manager Mailing Address: _____

Manager Phone: _____ Cell Phone: _____

SNAP EBT: Does the Farmers Market operate a central SNAP EBT token program? Yes No In-Progress N/A
Does the Farm Stand/Mobile Market accept SNAP EBT? Yes No In-Progress N/A

Verify Attachments. Incomplete applications will not be processed.

Attached is one of the following: Vendor List (FMC-11) Crop Plan (FMC-12) Supplier List (FMC-10)

Attached is the market's rules, regulations and/or by-laws. Farmer operated farm stands are exempt. Yes Exempt

I am applying as a mobile market. Also attached is our scheduled weekly stops. Yes N/A, not a mobile market

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: _____ Date: _____

Name (printed): _____

Submit form to: NYS Department of Agriculture and Markets
Attention FMNP
10B Airline Drive
Albany NY 12235

Fax: (518) 457-8398
Email: farmersmarkets@agriculture.ny.gov
Phone: (518) 457-7076 prompt #1
Toll Free: (800) 554-4501