Farmers' Market Nutrition Program (FMNP)

Rev 12/18/2017

VENDOR LIST (FMC-11)

Instructions: Fill in the information below for every fruit and vegetable vendor anticipated to attend/is currently attending 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 vendor information should be specific to each market day and location. For example, if your market operates on Tuesday and Thursday, submit a separate vendor list for each day. Include both growers and dealers. If the farm is participating or plans on participating in the FMNP, provide the additional information requested for FMNP farms; if the farm is new to the FMNP this year, write "new" when asked for the FMNP ID number. If more room is needed, make copies of this form.

Market Name: _____ **Market County:** _____

How many total vendors participate in the market (e.g. produce, meat, dairy, hot food, craft, etc.): ____

Full-season (e.g. vendor commits to being there every week during FMNP season): ____

Partial-season (e.g. vendor commits to being there select weeks/months during the season): ____

Daily (e.g. vendor has no commitment; might only attend the market one single day per season): ____

Business Name (#1): _____

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

Business Address: _____ Zip: _____

FMNP Eligible Farms: ☐ N/A, this vendor is not eligible for FMNP.

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

Do you anticipate the vendor will meet the "50% Grow Rule" as defined by the FMNP? ☐Yes ☐No ☐Unknown

Business Name (#2): _____

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

Business Address: _____ Zip: _____

FMNP Eligible Farmers: ☐ N/A, this vendor is not eligible for FMNP.

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

Do you anticipate the vendor will meet the "50% Grow Rule" as defined by the FMNP? ☐Yes ☐No ☐Unknown

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
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

This institution is an equal opportunity provider.

Farmers' Market Nutrition Program (FMNP)

Rev 11/01/2018

VENDOR LIST (FMC-11)

Business Name (#3): _____

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

Business Address: _____ Zip: _____

FMNP Eligible Farms: ☐ N/A, this vendor is not eligible for FMNP.

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

Do you anticipate the vendor will meet the "50% Grow Rule" as defined by the FMNP? ☐Yes ☐No ☐Unknown

Business Name (#4): _____

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

Business Address: _____ Zip: _____

FMNP Eligible Farms: ☐ N/A, this vendor is not eligible for FMNP.

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

Do you anticipate the vendor will meet the "50% Grow Rule" as defined by the FMNP? ☐Yes ☐No ☐Unknown

Business Name (#5): _____

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

Business Address: _____ Zip: _____

FMNP Eligible Farms: ☐ N/A, this vendor is not eligible for FMNP.

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

Do you anticipate the vendor will meet the "50% Grow Rule" as defined by the FMNP? ☐Yes ☐No ☐Unknown

Business Name (#6): _____

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

Business Address: _____ Zip: _____

FMNP Eligible Farms: ☐ N/A, this vendor is not eligible for FMNP.

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

Do you anticipate the vendor will meet the "50% Grow Rule" as defined by the FMNP? ☐Yes ☐No ☐Unknown

Business Name (#7): _____

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

Business Address: _____ Zip: _____

FMNP Eligible Farms: ☐ N/A, this vendor is not eligible for FMNP.

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

Do you anticipate the vendor will meet the "50% Grow Rule" as defined by the FMNP? ☐Yes ☐No ☐Unknown

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