Rev 11/01/2018

Farmers' Market Nutrition Program (FMNP)

MARKET PARTICIPATION AGREEMENT (FMC-8)

Market Name (Farmers Market, Farm Stand or Mobile Market): _____

Who owns the land where the market is located? _____ Market County: _____

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

Market Model: ☐ Multi-vendor Farmers' Market ☐Single-stall Farm Stand ☐Mobile Market ☐Other_____

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 _____

HOURS OF OPERATION (e.g. 4pm-6pm)	**Sunday**	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
FMNP Market							
Winter Market							

Does the market run a central terminal EBT/SNAP wooden token program? ☐ Yes ☐ No ☐ Unknown ☐ In-Progress

Market Sponsor Name (required): _____

Market Website: _____

Contact Person Name (required): _____ E-mail: _____

Contact Mailing Address (required): _____

Contact Phone (required): _____ Cell Phone: _____ Fax: _____

☐ Manager information is the same as contact information above.

Market Manager Name: _____ E-mail: _____

Manager Mailing Address: _____

Manager Phone: _____ Cell Phone: _____

REQUIRED! Read the Rules and Procedures for Markets (FMC-4) and attach the appropriate documents. Provide a response to all three statements below. Applications missing items 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. Farmer operated farm stands are exempt. ☐ Yes ☐ Exempt

I am applying as a mobile market and attached is our scheduled weekly stops. ☐ Yes ☐ N/A

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:** _____

Name (printed): _____

Submit to: NYS Dept. of Agriculture and Markets, Attn: 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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