

Stamp the box using the official FMNP stamp issued to the farmer/farm business owner, or write in the number, OR check the following:

- I lost my stamp and I need a replacement stamp.
- This is my first year participating in the program.

Farm/Business Name (required): _____

Owner's Name(s) ("Farmer"): _____ Contact Person: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____ Farm County: _____

Main Phone: (____) _____ Cell/Alt Phone: (____) _____ Email: _____

Contact Preference: email mail phone // Language Preference: English Spanish Other _____

Is this farm operated by a registered nonprofit organization? No Yes

Does this farm use their own machine to accept SNAP at the farm stand and/or farmers market. No Yes

Does this farm want to be solicited by market managers to attend additional markets? No Yes

***** Training is required each year for participation in the FMNP. *****

Provide date trained: _____, or select: I plan on training, or N/A, not new and I read the farmer rules. **New farms/farmers** to the program **must** attend training: agriculture.ny.gov/programtraining.

Market Attendance. (This does not enroll the markets below in FMNP). List all markets you plan to attend this year, June through November, and include your personal farm stand, if you operate one. Farmers must also submit a Market Participation Agreement (FMC-8) if they want to accept FMNP coupons at their farm stand.

County	Market Name	Check Day(s) in Attendance
1. _____	_____	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat
2. _____	_____	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat
3. _____	_____	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat
4. _____	_____	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat
5. _____	_____	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat

Farmer Signature. I, the owner of the farm business, have read and agree to abide by all rules and regulations outlined in the New York State FMNP Rules and Procedures for Farmers (FMC-5) provided by the NYS Department of Agriculture and Markets (Department). By signing below, I certify that all information is true and correct to the best of my knowledge.

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

Market Operator Signature. A manager or sponsor listed on the FMNP Market application (FMC-8).

N/A, I only sell at my own farm stand and I do not attend any other FMNP authorized markets.

I, (print name) _____ as operator of (name market) _____, certify that the above farmer is a vendor at my market this year, grows fruits and/or vegetables, and is eligible to participate in the FMNP this year at my market.

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

Applications due before accepting FMNP coupons.

Email: farmersmarkets@agriculture.ny.gov; Fax: (518) 457-8398; Mail: NYS Department of Agriculture and Markets, Attention: FMNP 10B Airline Drive, Albany NY 12235; Phone: (800) 554-4501 or (518) 457-7076 x1