

Stamp the box using the official issued FMNP stamp OR write the FMNP ID number OR check the following:

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

STAMP HERE

Want to connect with new markets? Scan here:



Farm/Business Information

Farm/Business Name: _____

Owners' Name(s) ("Farmer"): _____

Contact Person: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

Farm County: _____

Main Phone (REQUIRED): _____

Cell/Alt Phone: _____

Email: _____

Contact Preference: Email Phone Mail

Language Preference: English Spanish Other _____

Is this farm operated by a registered nonprofit? Yes No

Does this farm have a personal device to accept SNAP at a farm stand or farmers' market? Yes No

Farmers' Markets & Farm Stands

List all markets you plan to attend this season (June-November). Please include your personal Farm Stand if you operate one.

Market Name	County	Day(s) In Attendance
Ex: <u>AGM Farmers' Market</u>	<u>Albany</u>	<u>Mon, Wed, Sat</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

** Please list additional markets on the back of this form.**

To accept coupons at your Farm Stand, you MUST submit a separate Farm Stand Participation Agreement (FMC-8.2) and attest below:

I intend to accept coupons at my own farm stand, and I understand submitting a separate FMC-8.2 for that Farm Stand is required for FMNP: Yes No

Training Information

Training is REQUIRED for ALL applicants and their staff

New **AND** returning farmers must complete training: <https://agriculture.ny.gov/programtraining>
 Date Trained: _____ OR Attest: I plan on training before accepting coupons

Get Trained



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 (required): _____ **Date:** _____

Market Operator Signature: This should be signed by an FMNP market manager or sponsor.

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

I, (print name) _____ as operator of (market name) _____, 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:** _____

Application must be submitted AND approved before accepting \$5 FMNP coupons.

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