



VENDOR LIST (FMC-11)

Instructions: Fill in the information below for every fruit and vegetable vendor anticipated to attend or currently attending your market during the FMNP season (June 1 – November 30). 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 market day. Include both farmers (growers) and dealers. If the vendor is participating or plans on participating in the FMNP, provide the additional information requested for FMNP farmers; if new to the FMNP this year, write "new" when asked for the FMNP ID number. Make copies of this form if needed. **Additional space is on the back side of the form.**

(Is this form needed for your market? Read the FMNP Rules and Procedures for Markets (FMC-4) to find out.)

Market Name: _____ **Day:** ☐Mo ☐Tu ☐We ☐Th ☐Fr ☐Sa ☐Su

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: FMNP Stamp ID: _____ ☐ N/A, vendor is not eligible for FMNP at this market.

Acreage Cultivated in Fruits/Vegetables: _____ **Farm's Total Tillable Acreage:** _____

Do you affirm this vendor grows fruits and/or vegetables, meets at least a 50% grow rule at your market, and is eligible to participate in the FMNP this year? ☐Yes ☐No ☐Unknown

Business Name (#2): _____

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

Business Address: _____ **Zip:** _____

FMNP Eligible Farms: FMNP Stamp ID: _____ ☐ N/A, vendor is not eligible for FMNP at this market.

Acreage Cultivated in Fruits/Vegetables: _____ **Farm's Total Tillable Acreage:** _____

Do you affirm this vendor grows fruits and/or vegetables, meets at least a 50% grow rule at your market, and is eligible to participate in the FMNP this year? ☐Yes ☐No ☐Unknown

Signature of Applicant. I acknowledge that I have read and agree to abide by the 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 provided on the FMC-11 is true and correct to the best of my knowledge.

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

Print Name: _____ **Title:** _____

Submit form, AND Market Participation Agreement (FMC-8) AND rules for the market to:

Email: farmersmarkets@agriculture.ny.gov

Fax: (518) 457-8398

Mail: NYS Dept. of Agriculture and Markets Attn: FMNP

10B Airline Drive, Albany, NY 12235

Questions? Albany: (518) 457-7076 x1 Toll Free: (800) 554-4501



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Business Name (#3): _____

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

Business Address: _____ Zip: _____

FMNP Eligible Farms: FMNP Stamp ID: _____ ☐ N/A, vendor is not eligible for FMNP at this market.

Acreage Cultivated in Fruits/Vegetables: _____ Farm's Total Tillable Acreage: _____

Do you affirm this vendor grows fruits and/or vegetables, meets at least a 50% grow rule at your market, and is eligible to participate in the FMNP this year? ☐Yes ☐No ☐Unknown

Business Name (#4): _____

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

Business Address: _____ Zip: _____

FMNP Eligible Farms: FMNP Stamp ID: _____ ☐ N/A, vendor is not eligible for FMNP at this market.

Acreage Cultivated in Fruits/Vegetables: _____ Farm's Total Tillable Acreage: _____

Do you affirm this vendor grows fruits and/or vegetables, meets at least a 50% grow rule at your market, and is eligible to participate in the FMNP this year? ☐Yes ☐No ☐Unknown

Business Name (#5): _____

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

Business Address: _____ Zip: _____

FMNP Eligible Farms: FMNP Stamp ID: _____ ☐ N/A, vendor is not eligible for FMNP at this market.

Acreage Cultivated in Fruits/Vegetables: _____ Farm's Total Tillable Acreage: _____

Do you affirm this vendor grows fruits and/or vegetables, meets at least a 50% grow rule at your market, and is eligible to participate in the FMNP this year? ☐Yes ☐No ☐Unknown

Business Name (#6): _____

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

Business Address: _____ Zip: _____

FMNP Eligible Farms: FMNP Stamp ID: _____ ☐ N/A, vendor is not eligible for FMNP at this market.

Acreage Cultivated in Fruits/Vegetables: _____ Farm's Total Tillable Acreage: _____

Do you affirm this vendor grows fruits and/or vegetables, meets at least a 50% grow rule at your market, and is eligible to participate in the FMNP this year? ☐Yes ☐No ☐Unknown

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 provided on the FMC-11 is true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____