New York State Department of Agriculture and Markets

FARMERS' MARKET DESIGNATION PROGRAM APPLICATION

[CLEAR FORM]

I/we sponsor a farmers' market or farmers' market event at which two (2) or more New York State farmers and/or New York State producers assemble to sell New York State products directly to consumers. I request official designation of our market or event as a bona fide farmers' market under the NYS Agriculture and Markets Law to enable NYS wineries/micro (craft) breweries/cideries/farm distilleries to sell NYS labeled wines/beers/ciders/liquors at the market under Sections 76.5 and 51.5 of the NYS Alcoholic Beverage Control Law.

Submit one application for each individual farmers' market event.

Market/Event Name _____ County _____

Market/Event Sponsor_____

Contact Person _____ Title_____

Contact Mailing Address _____ City _____ Zip _____

Contact Phone/Cell _____ E-mail _____

Market Manager _____ Phone_____ Email_____

Farmers' Market Location: (*describe, including name of venue*) _____

Farmers' Market Address: *(street, city, zip.)* _____

Market/Event Operation: Start date _____ End date _____ Day of the Week _____ Hours _____
(If the market operates multiple irregular dates, submit separate applications.)

Is the sponsor/coordinating organization a not-for-profit organization? ☐ Yes ☐ No
Are customers charged an admission fee or for sampling of alcohol at the event/market? ☐ Yes ☐ No
Do the same NYS farmers/producers vendors attend each day the market operates? ☐ Yes ☐ No

Total Number Vendors Present Each Day: _____. If there are multiple days, submit a total for each day of operation.

Total Number of Farmers / Producers selling products they grew or produced in New York _____.

Attach a list of NYS Farmer/Producers attending this market/event (required). You may use the Vendor List Form or submit something that contains all the information requested on that form.

Signature (required). *By signing below, I agree that I have the authority to make this Farmers Market Designation request on behalf of this market.*

_____   _____   _____
Signature (Market/Event Representative)   Title   Date

We accept applications via email, fax, or mail.

Contact: Division of Agricultural Development   Phone: (518) 457-7076 X1
Mail: NYS Department of Agriculture and Markets   Email: farmersmarkets@agriculture.ny.gov
            10B Airline Drive, Albany, NY 12235   Fax: (518) 457-8398