

## MARKET PARTICIPATION AGREEMENT (FMC-8)

**Market Name:** \_\_\_\_\_ **Market County:** \_\_\_\_\_

**Market Type:** ☐ 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 or Other Operation change:** Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Opening Date: \_\_\_\_\_ Closing Date: \_\_\_\_\_ ☐ Weekly ☐ Monthly ☐ Year-round ☐ Other \_\_\_\_\_

|                                  | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------------------------------|--------|--------|---------|-----------|----------|--------|----------|
| <b>Summer Market hours</b>       |        |        |         |           |          |        |          |
| <b>Winter/Other Market hours</b> |        |        |         |           |          |        |          |

\*Markets exclusively operating as honesty boxes are not permitted; someone must be present during the hours of operation listed above.

**Market Contact Person:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Contact Mailing Address:** \_\_\_\_\_

**Contact Phone (required and is published):** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

☐ Manager information is the same as market contact person information above.

**Market Manager Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Manager Mailing Address:** \_\_\_\_\_

**Manager Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Who sponsors the market? (i.e. self; organization; farm business, etc.): \_\_\_\_\_

Who owns the land where the market is located? \_\_\_\_\_

Has the landowner granted permission this year to operate the market on their property? ☐ Yes ☐ No ☐ In progress

Provide your market website or social media: \_\_\_\_\_

Does the farmers' market operate a central SNAP token program? ☐ Yes ☐ No ☐ In progress ☐ N/A

Does the farm stand/mobile market accept SNAP EBT directly? ☐ Yes ☐ No ☐ In progress ☐ N/A

Does the market operate a SNAP based incentive program? (check if yes): ☐ FreshConnect Checks ☐ NYC Health Bucks

☐ CNY Health Bucks ☐ DoubleUp Bucks ☐ Other \_\_\_\_\_

**Attachments. Provide additional documentation and rules. Incomplete applications will not be processed.**

**Provide and select one:** ☐ Vendor List ([FMC-11](#)) **or** ☐ Crop Plan ([FMC-12](#)) **or** ☐ Supplier List ([FMC-10](#))

**Attached** are the market's rules, operation guide, etc. (*Grower operated farm stands are exempt*). ☐ Yes ☐ Exempt

I am applying as a mobile market and **attached** is our scheduled weekly stops. ☐ Yes ☐ N/A, not a mobile market

**Signature of Applicant.** I acknowledge that I, the representative of the market, 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name (printed):** \_\_\_\_\_

**Please submit form and attachments to:**

**Email:** [farmersmarkets@agriculture.ny.gov](mailto:farmersmarkets@agriculture.ny.gov) **Mail:** NYS Department of Agriculture and Markets  
Attn: FMNP 10B Airline Drive, Albany, NY 12235

**Fax:** (518) 457-8398

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

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