

### VENDOR LIST (FMC-11)

**Instructions:** Fill in the information below for every fruit and vegetable vendor anticipated to attend/is 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 available on the back side of the form.*

**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:  N/A, this vendor is not eligible for FMNP at this market.

FMNP Stamp ID: \_\_\_\_\_ Acreage Cultivated in Fruits/Vegetables: \_\_\_\_\_ Farm's Total Tillable Acreage: \_\_\_\_\_

Do you anticipate the vendor will meet the “50% Grow Rule” as defined by the FMNP? Yes No Unknown

Business Name (#2): \_\_\_\_\_

Owner's First and Last Name(s): \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip: \_\_\_\_\_

FMNP Eligible Farmers:  N/A, this vendor is not eligible for FMNP at this market.

FMNP Stamp ID: \_\_\_\_\_ Acreage Cultivated in Fruits/Vegetables: \_\_\_\_\_ Farm's Total Tillable Acreage: \_\_\_\_\_

Do you anticipate the vendor will meet the “50% Grow Rule” as defined by the FMNP? 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 is true and correct to the best of my knowledge.

**Signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Submit to:**

Email: [farmersmarkets@agriculture.ny.gov](mailto:farmersmarkets@agriculture.ny.gov)  
Fax: (518) 457-8398

Mail: NYS Dept. of Agriculture and Markets  
Attention: FMNP  
10B Airline Drive Albany NY 12235

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

**VENDOR LIST (FMC-11)**

Business Name (#3): \_\_\_\_\_

Owner's First and Last Name(s): \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip: \_\_\_\_\_

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

FMNP Stamp ID: \_\_\_\_\_ Acreage Cultivated in Fruits/Vegetables: \_\_\_\_\_ Farm's Total Tillable Acreage: \_\_\_\_\_

Do you anticipate the vendor will meet the "50% Grow Rule" as defined by the FMNP?  Yes  No  Unknown

Business Name (#4): \_\_\_\_\_

Owner's First and Last Name(s): \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip: \_\_\_\_\_

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

FMNP Stamp ID: \_\_\_\_\_ Acreage Cultivated in Fruits/Vegetables: \_\_\_\_\_ Farm's Total Tillable Acreage: \_\_\_\_\_

Do you anticipate the vendor will meet the "50% Grow Rule" as defined by the FMNP?  Yes  No  Unknown

Business Name (#5): \_\_\_\_\_

Owner's First and Last Name(s): \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip: \_\_\_\_\_

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

FMNP Stamp ID: \_\_\_\_\_ Acreage Cultivated in Fruits/Vegetables: \_\_\_\_\_ Farm's Total Tillable Acreage: \_\_\_\_\_

Do you anticipate the vendor will meet the "50% Grow Rule" as defined by the FMNP?  Yes  No  Unknown

Business Name (#6): \_\_\_\_\_

Owner's First and Last Name(s): \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip: \_\_\_\_\_

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

FMNP Stamp ID: \_\_\_\_\_ Acreage Cultivated in Fruits/Vegetables: \_\_\_\_\_ Farm's Total Tillable Acreage: \_\_\_\_\_

Do you anticipate the vendor will meet the "50% Grow Rule" as defined by the FMNP?  Yes  No  Unknown

Business Name (#7): \_\_\_\_\_

Owner's First and Last Name(s): \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip: \_\_\_\_\_

FMNP Eligible Farms:  N/A, this vendor is not eligible for FMNP.

FMNP Stamp ID: \_\_\_\_\_ Acreage Cultivated in Fruits/Vegetables: \_\_\_\_\_ Farm's Total Tillable Acreage: \_\_\_\_\_

Do you anticipate the vendor will meet the "50% Grow Rule" as defined by the FMNP?  Yes  No  Unknown