

Stamp in the box below using the official FMNP stamp issued to you last year or the last year you participated:

Or: I lost my stamp and I need a replacement stamp (check here):

Or: this is my first year participating in the program (check here):

Training is mandatory for farmers to participate in the FMNP.

If you are new, you must attend formal training. Provide your status:

I trained on this date: _____ or I plan on training or N/A, I am not new to the FMNP and I read the rules.

Does your farm have its own EBT card reader to use on the farm and/or at market? No Yes In-Progress
If yes, do you use this EBT card reader at market to conduct SNAP EBT transactions? No Yes

Is this farm operated by a nonprofit agency? No Yes **Acres in Fruits/Vegetables this year:** _____

Farm Business Name: _____

Principal/Owner's Name(s) ("Farmer"): _____ Title: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____ Farm County: _____

Home Phone: (____) _____ Cell Phone: (____) _____ E-mail: _____

I prefer the FMNP staff contact me by (*select all that apply*): email mail phone

List Markets. (This does not enroll the markets in FMNP). List all markets you plan to attend this June – November, and include your personal farm stand, if you operate one. Farm stand operators must also submit a Market Participation Agreement (FMC-8) if they want to accept FMNP checks at their farm stand.

County	Market Name	Check Day(s) in Attendance
1. _____	_____	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat
2. _____	_____	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat
3. _____	_____	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat
4. _____	_____	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat
5. _____	_____	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat

Farmer Signature. I, the owner of the farm, 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(s) (Required): _____ **Date:** _____

N/A, I manage my own farm stand and I do not attend any other FMNP markets; a counter-signature is not required.

Market Manager/Sponsor Counter-signature. As market operator of _____, I certify that the above farmer is a vendor at my market this year and is eligible to participate in the FMNP this year at my market.

Market Signature (Required): _____ **Date:** _____

Market Manager/Sponsor Name (Printed): _____

Submit applications by: EMAIL: farmersmarkets@agriculture.ny.gov; FAX: (518) 457-8398;
 MAIL: NYS Department of Agriculture and Markets Attention: FMNP 10B Airline Drive Albany NY 12235;
 PHONE: Toll-free (800) 554-4501 Albany (518) 457-7076 x1