

**Stamp the box using the official, Department issued FMNP stamp OR write the FMNP ID number OR check the following:**

- I lost my stamp and I need a replacement  
 This is my first year participating in FMNP

STAMP HERE

Want to connect  
with new markets?  
Scan here:



**Farm/Business Information**

Farm/Business Name: \_\_\_\_\_

Owners' Name(s) ("Farmer"): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Farm County: \_\_\_\_\_

Main Phone (REQUIRED): \_\_\_\_\_

Cell/Alt Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Preference:  Email  Phone  Mail

Language Preference:  English  Spanish  Other \_\_\_\_\_

Is this farm operated by a registered nonprofit?  Yes  No

Does this farm have a machine to accept SNAP at a farm stand and/or farmers' market?  Yes  No

**Farmers' Market Attendance Information**

List all markets you plan to attend this year (June-November). Please include your personal Farm Stand if you operate one.

County/Market Name	Day(s) In Attendance
Ex: <u>Albany/AGM Farmers' Market</u>	<u>Mon, Wed, Sat</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

*\*If you attend more than 4 farmers' markets, please list additional markets on the back of this form.\**

**To accept coupons at your Farm Stand, you MUST submit a separate Farm Stand Participation Agreement (FMC-8.2) and attest below:**

**I intend to accept coupons at my own farm stand, and I understand submitting a separate FMC-8.2 for that Farm Stand is required for FMNP:**  Yes  No

**Training Information**

*\*Training is REQUIRED for **ALL** farmers participating in 2025\**

New **AND** returning farms/farmers must complete training: <https://agriculture.ny.gov/programtraining>

Date Trained: \_\_\_\_\_ OR Attest:  I plan on training before accepting coupons

Get  
Trained



**Farmer Signature**

I, the owner of the farm business, 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:** \_\_\_\_\_

**Market Operator Signature:** This should be signed by an FMNP market manager or sponsor.

N/A – I only attend my own farm stand and do not attend any other FMNP authorized markets.

I, (print name) \_\_\_\_\_ as operator of (market name) \_\_\_\_\_, certify that the above farmer is a vendor at my market this year, grows fruits and/or vegetables, and is eligible to participate in the FMNP this year at my market.

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

*Applications due before accepting FMNP coupons.*

Email: [farmersmarkets@agriculture.ny.gov](mailto:farmersmarkets@agriculture.ny.gov); Fax: (518) 457-8398; Mail: NYS Department of Agriculture and Markets, Attention: FMNP 10B Airline Drive, Albany NY 12235; Phone: (800) 554-4501 or (518) 457-7076 x1

*This institution is an equal opportunity provider.*