



## 2016 Rush Community Farmers' Market Registration Form

Date: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Person(s) who will regularly attend:

1) \_\_\_\_\_

2) \_\_\_\_\_

Vendor mailing Address:

\_\_\_\_\_

\_\_\_\_\_

Vendor Phone:

\_\_\_\_\_

Vendor Cell Phone:

\_\_\_\_\_

Vendor email:

\_\_\_\_\_

Address where items are grown: \_\_\_\_\_

\_\_\_\_\_

Circle One: Daily (\$8) or Season (\$150)

Do you intend to participate in the W.I.C. Program?      Yes      No  
Approximate dates that you intend to participate: \_\_\_\_\_ to \_\_\_\_\_  
Please complete the attached CROP PLAN and submit along with this registration form.

I have read and understand the Rules and Regulations that govern the Rush Community Farmers' Market and agree to abide by them. I understand that violation of these rules may result in suspension or loss of my privilege to sell at this market. Participants and vendors release and hold harmless the Town of Rush from all liability in connection with the Rush Community Farmer's Market.

- o I have provided a "Certificate of Liability Insurance" with the Town of Rush named as the "certificate holder" and "additional insured" to the Town of Rush.
- o I have provided "Certificate of Liability Insurance" showing I have "liquor liability insurance" in an amount not less than \$1,000,000 and the Town is named as the "additional insured" for both the General Liability and the Liquor Liability, on a "primary and noncontributory basis", if serving alcoholic beverages for tasting only.
- o I have provided a permit from Monroe County of Department Health allowing sale of prepared foods to public, if appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The Rush Community Farmers' Market is committed to rejuvenate and preserve the diversity of our rural agriculture lifestyle by providing a marketing outlet for artisan food producers and growers. Allowing our local food producers to interact directly with the consumers will enhance our quality of life through the exchange of knowledge and encourage sustainable ideas for all to benefit.*

## 2016 Rush Community Farmers' Market Rules and Regulations

1. The market will open Wednesday, July 6<sup>th</sup> and run through November 9<sup>th</sup>, for a total of 19 weeks. The market hours will be 3:00 p.m. to 6:30 p.m.
2. Seventy five percent of the products offered for sales must be produced by the vendor on lands or in production facilities they own or operate within this region. The market committee understands that this percentage is only an average for the entire season and growers may supplement heavier in the early months until their crops come in later in the summer and fall.
3. Vendors may only sell items approved by the market manager and listed on their crop plan submitted with the market application. Items for sale are limited to locally grown produce, in-season vegetables, fruits, cut flowers, herbs, or horticulture items, potted plants, green house grown crops, baked goods, jams and jellies, cheese, meat, wine, beer, cider or other liquors or other local food products from a certified inspected kitchen. The manager has the right to deny sale of products not listed as approved crops. Special circumstances will be reviewed on an individual basis by the market manager. This is intended for produce and food from local farmers and vendors. Craft vendors will be allowed on a limited basis, depending on space.
4. Vendors will be responsible for any and all permits or licenses required to produce or market the items they sell. This would include Health Department, NYS Ag and Markets food inspection, USDA, NYS Sales Tax, Plant License permits. Vendors please have these up to date in case the need to produce them for inspecting agencies arises.
5. Seasonal Vendor Fees will be \$150 per parking space to be paid in full by July 1st, or in two installments; \$75 must accompany submission of your application no later than July 5<sup>th</sup>, and the remaining balance to be paid by August 15<sup>th</sup>. Additional spaces are available for an additional \$75 for the season.
6. Daily spaces are \$8 each, to be paid to the Town Clerk by 3:00, along with completed registration form.
7. Fees are to be paid by cash or check (payable to Rush Town Clerk).
8. Vendors are expected to stay until 6:30 p.m. or until they can safely leave the area. There are no assigned spaces; they are first come first served.
9. Vendors are responsible for cleaning their area before leaving for the day. A carry in carry out policy will be adhered to. Offenders will be notified in writing on the first offense and the lease will be terminated on the second offense. Please remember to carry a broom in your truck.
10. The Market Manager has the authority to reassign vendor spaces to enhance or facilitate market operations. Booth size will not exceed the assigned space.
11. Price, terms of sale, etc. are between the buyer and the seller only.
12. All vendors agree to abide by fair business practices. Willful and/or significant price undercutting is not allowed. As a guide, items should be priced above current wholesale prices.
13. Vendor's shade and shelters must be securely anchored (sandbags/weights) and approved by the Market Manager.
14. No shouting or hawking will be allowed. Good signage is just as effective. We encourage vendors to display farm or business name.

Farmers' Market Nutrition Program (FMNP)  
**FARMER PARTICIPATION AGREEMENT (FMC-6)**

Stamp in the box below using the official cancellation 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):

Interactive training (face-to-face or online webinar) is mandatory for new farmers.

Do you have a personal SNAP EBT card reader?  No  Yes If yes, what is the FNS# \_\_\_\_\_

Farmer Name(s): \_\_\_\_\_

Farm Name: \_\_\_\_\_

Farmer Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Farm County: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

**List All Markets:**

List all markets you plan on attending this season (June – November) where FMNP checks are accepted. If you require additional room, please use the back of this form. Reminder: Submit a crop plan to each market listed below.

| 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 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.

Farmer Signature(s) (Required): \_\_\_\_\_ Date: \_\_\_\_\_

**Market Manager/Sponsor Signature.** As market manager/sponsor for \_\_\_\_\_ market(s), I certify that the above farmer will be/is a vendor at my market this FMNP season and he/she has provided a current year crop plan as evidence of his/her status as a *bona fide* farmer for the purposes of the NYS FMNP. Note: [When a market manager counter-signs below they are verifying: (1) attendance at their market (2) status as a *bona fide* farmer at their market.]

Market Manager/Sponsor Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

Market Manager/Sponsor Name (Printed): \_\_\_\_\_

Return applications to: NYS Dept. of Agriculture and Markets 10B Airline Drive Albany NY 12235 Attention: FMNP  
 FAX (518) 457-2716 [farmersmarkets@agriculture.ny.gov](mailto:farmersmarkets@agriculture.ny.gov) or (800) 554-4501 Brooklyn (718) 722-2830 Albany (518) 457-7076

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\*\*\*\*\* Official Use Only \*\*\*\*\*  
 Date Application Received: \_\_\_\_\_ Date Application Approved: \_\_\_\_\_ Application Approved By: \_\_\_\_\_



## **RULES AND PROCEDURES FOR FARMERS (FMC-5)**

The New York State Department of Agriculture and Markets (Department), as administrator of both the Women, Infants and Children (WIC) Farmers Market Nutrition Program and the Senior Farmers' Market Nutrition Program, herein referred to as the Farmers Market Nutrition Program (FMNP), will designate markets in New York State as local partners in the administration of the FMNP. The Department, with support from designated markets, will approve farmers for participation in the FMNP. The rules and procedures as described below apply to all approved farmers in the FMNP.

1. **Eligibility.** To be eligible to participate in the FMNP, and to accept FMNP checks, farmers must:
  - a. Be a *bona fide* farmer. For the purposes of the FMNP one must grow and harvest on land owned or leased by the farmer fruits, vegetables, and/or culinary herbs.
  - b. Meet a market's higher standard (e.g. 100% producer only) if a market's rules state a higher standard.
  - c. Display notices at the point-of-sale stating that any tropical citrus, or other non-locally grown produce cannot be purchased with FMNP checks because they are not locally grown.
2. **Application.** To apply a farmer must:
  - a. Complete and sign an **Farmer Participation Agreement (FMC-6)** listing all anticipated markets.
    - i. A market manager/sponsor must counter-sign all Farmer Participation Agreement (FMC-6).
    - ii. Forward completed Farmer Participation Agreement's (FMC-6) to the Department.
  - b. Provide evidence of his/her *bona fide* farmer status to every market were FMNP checks are accepted.
    - i. Submit a current year **Crop Plan (FMC-12)**. Other formats are accepted so long as they include the following information: (a) production site locations (b) a list of the vegetables and/or fruits expected to be grown for sale at the market (c) the acreage or row-feet of each crop listed (d) the period of availability for each crop listed (e) the total planted acres for the farmer, and (f) subject to market rules, any produce purchased for resale with the name of the supplier.
    - ii. If there are significant deviations from this plan, an updated crop plan must be provided.
    - iii. If the market's rules permit farmers to purchase a limited amount of locally grown produce for resale at the market, and they intend to do so, crop plans must also list all items farmers intend to purchase, their period of availability, and the name of the producer or supplier.
    - iv. Should a farmer later decide to purchase additional produce items, the farmer must amend and resubmit their crop plan to their market manager or sponsor.
  - c. When the market sponsor or manager receives a Farmer Participation Agreement (FMC-6) and Crop Plan (FMC-12), he/she will then review the forms and counter-sign the Farmer Participation Agreement (FMC-6) certifying: (1) participation in their market and (2) eligibility for the FMNP as a *bona fide* farmer at their market. The market sponsor/manager will then forward the Farmer Participation Agreement (FMC-6) to the Department and retain the crop plan for his/her records. Farmers may choose to forward a completed Farmer Participation Agreement's (FMC-6) to the Department instead of having their market forward them.
3. **Administration.** To participate in the FMNP a farmer must perform or provide as necessary the following services, and abide by the following requirements:
  - a. Apply annually and activate their stamp; checks are transacted through a banking system and the checks will not clear unless the stamp is active.
    - i. Farmers will retain their stamp and ID for the duration of their participation in the FMNP;
    - ii. Farmers new to the program will receive their activated stamp in their authorization package;
    - iii. Farmers enrolled in previous years must re-apply ANNUALLY to activate their stamp.
  - b. Only accept FMNP checks after receiving their approval package from the Department.
    - i. When the Department receives and approves an application, an approval package will be mailed to the farmer containing: (1) check cancellation **STAMP** and **STAMP PAD** (new farmers only); (2) **FMNP FARMER ID CARD**; (3) laminated **SIGN** with illustration: "We Gladly Accept New York State Farmers' Market Checks"; and (4) a copy of the approved Farmer Participation Agreement (FMC-6). Farmers should sign and stamp their FMNP Farmer ID Card.

- iv. If farmers encounter problems with depositing or cashing FMNP checks, please try to resolve them with the bank officer. If further assistance is needed, please call, or have the bank officer call the Department.
- o. Adhere to important dates:
  - i. FMNP checks may be accepted and deposited or cashed beginning **June 1**.
  - ii. The last day FMNP checks may be deposited or cashed is **December 15**.
  - iii. The last day farmers may accept checks from recipients is **November 30**.
  - iv. FMNP checks can be deposited/cashed through **December 15** of the year issued.
  - v. Any deposits after **December 15** will not be paid and are subject to a bank service charge.

#### 4. Violations and Sanctions.

- a. If an FMNP-authorized farmer has been identified through compliance purchases to have committed a violation, he/she will be notified in writing by the Department that such a violation has occurred and that future violations can result in termination from the program. (A copy of the letter will be provided to the market sponsor or manager.)
  - b. If a farmer is identified through a second compliance purchase to have committed a second such violation, he/she will be again notified in writing and required to provide an explanation by a specified date and/or to participate in a violation conference to discuss continued participation in the program. (A copy of the letter will be provided to the market sponsor or manager.) Violations that occurred in the prior year will be considered to be part of a consecutive series.
  - c. A second violation may, and a third violation **will** result in disqualification from the FMNP. If a disqualification decision is made by the Department, the farmer will be notified in writing that he/she is being disqualified from the program for the duration of the current program year (and for the following year if the third violation occurs). The farmer's Farmer ID Number will be cancelled as of that day and will no longer be valid for check depositing or cashing. The farmer must then return his/her FMNP Farmer Stamp, laminated FMNP sign, and FMNP Farmer ID Card to the Department. A disqualified farmer may request a Fair Hearing at the Department at which an Administrative Hearing Officer will review the disqualification decision.
  - d. **Immediate disqualification from the FMNP may occur if a farmer is found to be:** (1) redeeming or cashing FMNP checks for check recipients, unauthorized farmers or non-farmer vendors ("check trafficking") or (2) discriminating against check customers in price, quality, or service, including charging check customers higher prices than non-check customers or establishing separate displays exclusively for check customers. **Immediate disqualification may also occur if a farmer:** (3) fails to respond to a second violation notice by the date specified in the notice or (4) fails to attend a scheduled violation conference or teleconference. Farmers disqualified from the program may be ineligible to participate in future years. Under FMNP rules, a farmer disqualified from the FMNP is entitled to a Fair Hearing regarding such an action.
  - e. To assist the Department in maintaining the integrity of the FMNP, please report to the Department any observed or suspected violations of FMNP "Rules and Procedures". Confidentiality will be assured. Anyone's assistance in helping ensure the integrity of the FMNP is greatly appreciated.
  - f. To protect the integrity of the FMNP and under the FMNP "Rules and Procedures" participating farms may be visited by participating market sponsors, managers or the Department to verify crop plans. If information obtained by a participating market sponsor, manager or by the Department pursuant to a farm inspection indicates that an FMNP-authorized farmer does not in fact qualify for participation in the FMNP as a *bona fide* farmer, the farmer's FMNP Farmer ID Number will be cancelled and will no longer be valid for check depositing and cashing, and the farmer will be asked to return his/her FMNP Farmer Stamp, laminated FMNP sign, and FMNP Farmer ID Card to the Department.
5. **Discrimination.** Participating farmers must not discriminate against check recipients in regards to product price, quality, or service, or establish separate displays of produce designated solely for check recipients. Farmers must offer fresh produce to check recipients at no more than the price charged to other customers, and offer check recipients the same courtesies offered other customers. Any person presenting FMNP checks for making purchases should be presumed to have obtained them legitimately. (NOTE: proxies are allowed to shop for participants). Farmers/markets who believe they have been discriminated against may contact the Department. Complaints will be forwarded to the New York State Attorney General's Office.

- c. Only accept FMNP checks from participants during the program period: June 1 - November 30.
- d. Display the laminated sign "We Gladly Accept NYS Farmers' Market Checks" at their market booth at all times from June 1 - November 30. The purpose of this sign is to ensure that check recipients can locate FMNP participating farmers and use their FMNP checks. If more signs are required, farmers can request replacements by contacting the Department. **Additional signs will be provided at no cost.**
- e. Only accept FMNP checks for **locally grown** fresh fruits, vegetables and/or culinary herbs.
  - i. Farmers may not accept checks for any other produce, including non-locally grown fresh fruits and vegetables, apple cider, grape juice, eggs, cheese, jam, honey, maple syrup, baked goods, painted pumpkins, ornamental gourds, plants (including potted herbs), or flowers.
  - ii. Under FMNP rules, market sponsor(s) or manager(s) are permitted to limit "locally grown" to include portions of New York State, all of New York State, portions of adjacent states, or all of adjacent states, based on their market location, farmer geographic participation, and overall market objectives.
- f. Only accept FMNP checks at markets participating in FMNP.
- g. Only accept FMNP checks at markets listed on the Farmer Participation Agreement (FMC-6) and/or at locations where the Department has authorized a farmer to do so.
- h. Treat FMNP checks like cash and safeguard them from possible loss or theft prior to redemption. All FMNP checks have a face value of \$4.00 and are worth \$4.00 for the purchase of locally grown fresh fruits and vegetables.
- i. Always accept cash in addition to checks from check recipients. For example, a sale of \$4.25 may be paid for with one check and twenty-five cents cash.
- j. Never return cash as change for purchases made exclusively with FMNP checks. When the value of a purchase made with FMNP checks is less than \$4.00 or a multiple of \$4.00, farmers may add additional locally grown fruits and/or vegetables of the customer's choice to make up the difference.
- k. Never cash (at full value or at a discount) FMNP checks for anyone (including check recipients, unauthorized farmers, or non-farmer vendors). **This unlawful practice is termed "check trafficking" and may result in suspension from the FMNP.**
- l. Mutilated FMNP checks or checks lacking the microstrip along the bottom must not be accepted, as they will be rejected by either the local bank or the clearinghouse bank.
- m. Stamp (cancel) each FMNP check with a valid FMNP cancellation stamp.
  - i. Stamps are issued by the Department to each participating farmer.
  - ii. Farmers must stamp each check in the designated area on the check with **black ink only**.
  - iii. The stamp image must be clearly legible, including the state seal and all four digits.
  - iv. Unstamped or illegibly stamped checks will not be paid.
  - v. Farmers do not need to endorse or stamp the back side of the FMNP check.
  - vi. Farmer can request a replacement stamp or ID card by calling the Department.
    - 1. A fee may be assessed when a request is made for a replacement stamp.
- n. Redeem FMNP checks by either depositing them in their personal or business checking account or by cashing them at any branch of KeyBank of New York.
  - i. **Bank fees.** Many New York State banks charge a service fee for depositing checks in some types of checking accounts. **IMPORTANT** - Before depositing any FMNP checks, farmers should speak with a bank officer regarding fees that may apply to their account(s) in order to avoid paying such fees. If a deposit fee cannot be avoided, FMNP checks may be brought to any KeyBank branch in NY; KeyBank branches in NY will cash FMNP checks at no cost to the farmer, even if the farmer does not have an account with them.
  - ii. **Cashing checks.** A maximum of 250 checks (\$1,000) may be cashed per banking business day at any KeyBank branch of New York. FMNP checks will not be cashed without the FMNP Farmer ID Card. To cash FMNP checks at Key Bank branches, farmers must present the teller with their FMNP Farmer ID Card signed and stamped. The ID card must bear the same FMNP stamp number as the number stamped on the checks being cashed. The teller may ask farmers for other identification such as a driver's license.
  - iii. **Depositing checks.** To deposit FMNP checks, a separate deposit slip should be prepared listing the number of \$4.00 checks and the total amount of the deposit. For example, a deposit slip for 50 FMNP checks should read:
 

|       |             |               |
|-------|-------------|---------------|
| TOTAL | <u>50 X</u> | <u>\$4.00</u> |
|       |             | \$200.00      |

6. **Standard assurances.** The farmer assures the Department that in carrying out this Agreement, s/he will not exclude from participation in, deny the benefits of, or otherwise subject any person to discrimination based on race, color, nation origin, sex, handicap, age or marital status, and will comply with all requirement imposed by or pursuant to the following: a) Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d-6), and the nondiscrimination regulations of the U.S. Department of Agriculture as now or hereinafter amended (7 CFR Part 15, Subpart A). b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1686), and the nondiscrimination regulations of the U.S. Department of Agriculture (7 CFR Part 15a). c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), and the nondiscrimination regulations of the U.S. Department of Agriculture (7 CFR Part 15b). d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.), and the nondiscrimination regulations of the U.S. Department of Agriculture (7 CFR Part 15c). e) Title VII (Equal Credit Opportunity Act) of the Consumer Credit Protection Act, as amended (15 U.S.C. 1601 et. seq.), (Regulations B, 12 CFR 202, March 23, 1977).
7. **Civil rights violations.** Farmer that receive complaints from participants alleging civil rights violations should advise the participants that there is a complaint process and refer them as stated below.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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**Department Contact Information:**

New York State Department of Agriculture and Markets  
Farmers' Market Nutrition Program  
10B Airline Drive Albany, NY 12235  
Phone: (800) 554-4501 or (518) 457-7076  
Email: [farmersmarkets@agriculture.ny.gov](mailto:farmersmarkets@agriculture.ny.gov)



Instructions: To participate in the FMNP a farmer must submit a Crop Plan (FMC-12) to every market where FMNP checks are accepted. Photocopies of this form may be used if a farmer attends multiple markets. Crop plans must remain in the market files for three years. The NYS Department of Agriculture and Markets (Department) may request to see crop plans at any time.

Farmer Name(s): \_\_\_\_\_ FMNP Returning Farmer Stamp ID: \_\_\_\_\_

Farm Name: \_\_\_\_\_ Total Annual Planted Acres in Produce: \_\_\_\_\_

Production field(s): Please be specific so we can locate the property - if you are growing fruits and vegetables at more than one location, list each location and the number of acres or row-feet in production at each location.

Field Location(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List of crops: If this form is insufficient to list all your crops of fruits, vegetables, and culinary herbs) use additional forms or the back of this page.

| Product              | Acres*         | Period**        | Product | Acres* | Period** |
|----------------------|----------------|-----------------|---------|--------|----------|
| _____(e.g. corn)____ | (e.g. 2 acres) | (e.g. July-Aug) | _____   | _____  | _____    |
| _____                | _____          | _____           | _____   | _____  | _____    |
| _____                | _____          | _____           | _____   | _____  | _____    |
| _____                | _____          | _____           | _____   | _____  | _____    |
| _____                | _____          | _____           | _____   | _____  | _____    |
| _____                | _____          | _____           | _____   | _____  | _____    |
| _____                | _____          | _____           | _____   | _____  | _____    |
| _____                | _____          | _____           | _____   | _____  | _____    |

\* Or row-feet (specify)      \*\*Month(s) of availability (e.g. June – August)

Farmer signature. I am an FMNP bona fide farmer and plan to grow vegetables and/or fruits on land owned or leased by me at the location(s) above for sale at a NYS FMNP market to NYS FMNP participants. I understand that a market representative may verify the information provided on this application by visiting my farm or requesting other evidence of my status as a bona fide farmer. I agree to inform the market of any changes in my production or marketing that significantly affect the validity of the information I have provided.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*  
For further information, please call the Department at (800) 554-4501 or Albany (518) 457-7076 or NYC (718) 722-2830 or email [farmersmarkets@agriculture.ny.gov](mailto:farmersmarkets@agriculture.ny.gov)

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