



TWO YEAR APPLICATION

This application covers the period of:
June 1 – October 31, 2014 and June 1 – October 31, 2015



FMNP/SFMNP – FARMER and FARMSTAND APPLICATION

Farmers' Market Nutrition Program
Division of Public Assistance/WIC
130 Seward Street, Room 508
Juneau, AK 99801 -- Phone: 465-3100

Your Farmer-Vendor Number: _____
(Leave number blank if new farmer)
Authorization is complete when notified by Alaska WIC Office.

Farm Name _____ Email _____

Owner's Name _____ Phone _____ Fax _____

Mailing Address _____ City/State _____ Zip _____

Physical Address (required if different) _____

Signature _____ Title _____ Date _____

Please list all locations, farmers' markets and/or farmstands where you plan to sell produce

You may use the back of the form to provide additional locations.

Name of sales location	Address of sales location	Dates	Days of the Week	Operating Hours	Farmer Posters Needed
<i>Example:</i> Our farm	123 S. 82nd St	6/1/2015-8/31/2015	Tuesday-Saturday	10am - 3 pm	# <u> 1 </u>
					# _____
					# _____
					# _____
					# _____

One farmer manual and poster will be mailed per farmer. If additional are needed please indicate quantity below:
 farmer manual: _____ posters: _____

Please answer the following questions regarding produce your farm sells:

Farm grows approximately _____ % of the produce it sells.

Do you grow in a greenhouse / high tunnel? No Yes, please specify _____

List all fruits and vegetables you plan to sell. (You may use the back of the form to provide additional varieties.)

If your farm grows less than 100% of produce sold, indicate states/regions where produce is grown.

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