



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

(for State use) Number assigned: _____

If approved, farmer will be required to sign an agreement; a sign and annual decal will be issued to indicate authorization

2010 FMNP/SFMNP – Farmers' Market/Farmstand/Farmer Application (due by May 15, 2010)

Farm Name _____ Email _____

Owner's Name _____ Phone _____ Fax _____

Mailing Address _____ City/State _____ Zip _____

Physical Address (if different) _____

Signature _____ Title _____ Date _____

Please list all farmers' markets or pre-approved farmstands where you plan to sell produce:

Name of Market or Farmstand	Location of market/farmstand	Dates of market/farmstand	Days & Hours market/farmstand

Farm grows approximately _____ % of the produce it sells at the market or farmstand, including the following eligible products: (Check all fruits/vegetables you plan to grow)

- | | | |
|--|-------------------------|----------------------|
| Apples _____ | Greens _____ | Snow Peas _____ |
| Artichokes _____ | Kale _____ | Spinach _____ |
| Asparagus _____ | Kohlrabi _____ | Squash** _____ |
| Beans (green, purple, white, string) _____ | Leeks _____ | Strawberries _____ |
| Beets _____ | Lettuce _____ | Sweet Potatoes _____ |
| Blackberries _____ | Loganberries _____ | Tomatoes _____ |
| Blueberries _____ | Marionberries _____ | Turnips _____ |
| Bok Choy _____ | Mushrooms _____ | Yams _____ |
| Boysenberries _____ | Napa Cabbage _____ | Zucchini _____ |
| Broccoli _____ | Onions, green _____ | Herbs:* _____ |
| Brussels Sprouts _____ | Onions, yellow _____ | Basil _____ |
| Cabbage _____ | Parsnips _____ | Cilantro _____ |
| Cantaloupe _____ | Peaches _____ | Dill _____ |
| Carrots _____ | Pears _____ | Mint _____ |
| Cauliflower _____ | Peas _____ | Oregano _____ |
| Celery _____ | Peppers* _____ | Parsley _____ |
| Chard _____ | Plums _____ | Rosemary _____ |
| Cherries _____ | Potatoes (white)* _____ | Sage _____ |
| Chives _____ | Pumpkins** _____ | Tarragon _____ |
| | Radishes _____ | Thyme _____ |

Corn	_____	Raspberries	_____	Others – List	_____
Cucumbers	_____	Rhubarb	_____		_____
Garlic*	_____	Rutabagas	_____		_____

*** Not eligible for FVVs ** Edible varieties for human consumption only**

Farmers' Market Name _____

Physical Location of Market _____

Name of Manager or Contact Person _____

Phone _____ Fax _____ Email _____

Mailing Address _____ City/State _____ Zip _____

Manager/Contact Signature _____ Date _____

Type of Market Organization: ___ cooperative ___ corporation ___ other (specify)

Expected Dates and Hours of Market Operation:

Season starts _____ Season Ends _____

Days of Week

Hours Open

List of farmers expected to sell produce at the market:

(Individual farmers must submit applications and, if approved, sign agreements.)

Name of Farm	Owner Name(s)	Phone Number

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.