



MARKET PARTICIPATION AGREEMENT (FMC-8)

Market Name: \_\_\_\_\_ Market County: \_\_\_\_\_

Market Type:  Multi-vendor Farmers' Market  Single-stall Farm Stand  Mobile Market  Other \_\_\_\_\_

Market Website/Social Media: \_\_\_\_\_

Who owns the land where the market is located? \_\_\_\_\_

Has the land owner granted permission this year to operate the market on their property?  Yes  No  In-Progress

Summer Market: Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Opening Date: \_\_\_\_\_ Closing Date: \_\_\_\_\_  weekly  monthly  year-round  other \_\_\_\_\_

Winter Market / Other Changes in Market Operation details:  N/A, no winter market is planned at this time.

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Opening Date: \_\_\_\_\_ Closing Date: \_\_\_\_\_  weekly  monthly  year-round  other \_\_\_\_\_

HOURS OF OPERATION* (enter time under Day e.g. 9am-3pm)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Summer Market							
Winter Market							

\*Markets exclusively operating as honesty boxes are not permitted; someone must be present during the hours of operation listed above.

Market Sponsor Name: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Mailing Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Manager information is the same as contact information above.

Market Manager Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Manager Mailing Address: \_\_\_\_\_

Manager Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

SNAP EBT: Does the Farmers Market operate a central SNAP EBT token program?  Yes  No  In-Progress  N/A  
Does the Farm Stand/Mobile Market accept SNAP EBT?  Yes  No  In-Progress  N/A

Verify Attachments. Incomplete applications will not be processed.

Attached is one of the following:  Vendor List (FMC-11)  Crop Plan (FMC-12)  Supplier List (FMC-10)

Attached is the market's rules, operation guide, etc. (Grower operated farm stands are exempt).  Yes  Exempt

I am applying as a mobile market. Also attached is our scheduled weekly stops.  Yes  N/A, not a mobile market

Signature of Applicant. I acknowledge that I, the representative of the market, have read and agree to abide by the NYS FMNP "Rules and Procedures for Markets (FMC-4)" provided by the NYS Department of Agriculture and Markets. By signing below, I certify that all information is true and correct to the best of my knowledge.

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

Name (printed): \_\_\_\_\_

Please Submit form: \_\_\_\_\_ by Email: [farmersmarkets@agriculture.ny.gov](mailto:farmersmarkets@agriculture.ny.gov) OR Fax: (518) 457-8398 OR

Mail: NYS Department of Agriculture and Markets Contact Us: (518) 457-7076 x1 or Toll Free: (800) 554-4501  
Attn: FMNP  
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