



MISSISSIPPI DEPARTMENT OF AGRICULTURE AND COMMERCE

POST OFFICE BOX 1609
JACKSON, MISSISSIPPI 39215-1609
Telephone 601.359.1101 Fax 601.359.1175
CINDY HYDE-SMITH, COMMISSIONER

NEW CERTIFICATION NO.: _____

FARMERS MARKET NUTRITION PROGRAM CERTIFICATION STAMP FORM

Name of Applicant		
Farm Name		
Mailing Address		
City	State	Zip Code
Telephone Number	Fax Number	
E-mail address		
Current Farmers Market(s)		Previous Certification No.

Applicant's Signature

Date

Enclose with this application:

- \$10.00 Check or money order payable to the Mississippi Department of Agriculture and Commerce. Send payment and application to Coordinator, Farmers Market Nutrition Program, P.O. Box 1609, Jackson, MS. 39215.**