

FMNP NUMBER: \_\_\_\_\_

DATE RECEIVED (MDAC): \_\_\_\_\_

FARMERS' INITIALS: \_\_\_\_\_  
(Complete after receiving training)



## MISSISSIPPI FARMERS' MARKET NUTRITION PROGRAM

P.O. BOX 1609

JACKSON, MISSISSIPPI 39215-1609

Phone (601) 359-1100 • Fax (601) 354-6290

### FARMER APPLICATION AND AGREEMENT

1. Name(s): \_\_\_\_\_

2. Farm/Business Name: \_\_\_\_\_ 3. Acres in Production: \_\_\_\_\_  
*(Doing business as OR name that will appear on deposited checks)*

4. Mailing Address: \_\_\_\_\_  
*(This is the address to receive all FMNP information, please list accurately.)*

5. City: \_\_\_\_\_ 6. State: \_\_\_\_\_ 7. Zip: \_\_\_\_\_

8. Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

9. E-mail address: \_\_\_\_\_

10. Farm Location: (List address or county if different than above and travel directions)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. List other growers with whom you share vendor space or coop produce or other family members or people that may be selling produce at the market on your behalf:  
\_\_\_\_\_  
\_\_\_\_\_

12. Market Name (List all markets farmer will participate): \_\_\_\_\_  
\_\_\_\_\_

***(Please read before signing)***

*I am a bona fide Mississippi agricultural producer and plan to grow or currently growing and producing the crops listed on this form in 2018. I agree to abide by the rules/regulations governing the Mississippi Farmers Market Nutrition Program (FMNP). I understand that any violation of the FMNP rules may result in suspension or loss of my privilege to participate in the program. I also understand that a FMNP representative may verify the information provided on this application by visiting my farm. I agree to inform the FMNP coordinator, MDAC/WIC representative or the market manager if and when there are changes in my production or marketing that affect the validity of the information provided on this form.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Market Manager or MDAC Signature  
***(New farmers must have manager signature)***

\_\_\_\_\_  
Date approved

**COMPLETE THE BACK SECTION**

# CROP PLAN

## Spring/Summer

Product	Rows/ Acres	Months

## Fall

Product	Rows/ Acres	Months

<b>TO BE COMPLETED BY THE MISSISSIPPI DEPT OF AGRICULTURE AND COMMERCE STAFF</b>	
<i>This certifies the farmer completing this form is approved for participation in the Mississippi Farmers Market Nutrition Program, the Senior Farmers Market Nutrition Program and/or Pilot Project target sites.</i>	
Farmer Certification Number:	
Market Site:	
MFNP Staff:	Date: