



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

COMPLETE THE FRONT AND BACK OF FORM

Name(s): _____ FMNP #: _____

Farm/Business Name: _____ Acres in Production: _____
(Doing business as OR name that will appear on deposited checks)

Mailing Address: _____
(This is the address to receive all FMNP information, please list accurately.)

City: _____ State: _____ Zip: _____

Telephone: _____

E-mail address: _____

Farm Location: (List address or county if different than above and travel directions from nearest highway or county road)

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:

Market Name: _____
(List all markets farmer will participate)

By signing below:

I certify that I am a direct producer currently growing or will grow the items listed on this form in **2020**.
I certify the information I provided on this form is accurate,
I have received training and/or have reviewed the rules of the Mississippi Farmers Market Nutrition Program (FMNP),
I agree to abide by the rules/regulations governing the Mississippi Farmers Market Nutrition Program (FMNP),
I understand that a FMNP representative may verify the information provided on this application by visiting my farm,
I understand that any violation of the FMNP rules may result in suspension or disqualification.

Signature

Date

Market Manager, MDAC or Training Official

Date received

(New farmers must have manager signature)

