

## FARMERS' MARKET NUTRITION PROGRAM (FMNP) APPLICATION FOR FARMERS' MARKET MANAGERS

This form must be completed in order to participate in the WIC and Senior FMNP. If a separate sheet of paper is needed, please attach it to this form. Submit the information to: Division of Public Health, FMNP, 1 West Wilson Street, PO Box 2659, Madison, Wisconsin 53701-2659.

If your market has been approved by the FMNP in the past, we have preprinted some of the information previously provided. Make any corrections to the preprinted information in the same space or on the reverse side. Fill in responses where there is no preprinted response. Please be sure all information is complete to ensure quick processing of this application.

### SECTION 1 – Market Location and Information

Name of Market

Street Address of Market

City

County

Location information (i.e., next to city park, bank parking lot)

### SECTION 2 - Market Manager Information

Name of Market Manager

Street Address of Market Manager

City

State

Zip Code

Area Code/Telephone Number

E-mail Address of Market Manager

May we share your contact information with organizations that promote farmers' markets?  Yes  No

### SECTION 3 – Market Details

Specify the days and hours your market will be open (i.e., Saturdays, 7 a.m. to 5 p.m.)

Specify dates when locally-grown fruits and vegetables are available, and when at least three produce farmers will be present at the market (i.e., June 15 – October 31)

Provide an estimate of the number of farmers participating in your market each month, beginning with June and ending with October (i.e., July-20 farmers, etc.)

June

July

August

September

October

What is the main product sold at the farmers' market?

Wisconsin-grown fruits and vegetables  Plants  Crafts  Other, specify: \_\_\_\_\_

Does your market allow selling of produce grown outside of Wisconsin?

Yes  No

Since the FMNP primarily allows Wisconsin-grown produce to be purchased with FMNP checks, will there be enough produce available to justify approving your market to accept FMNP checks?

Yes  No

Does your market accept Wisconsin QUEST Card purchases? "QUEST Card" is the plastic card used for FoodShare/Food Stamp Program purchases.

Yes  No

Specify dates, times and locations of temporary market site relocations and/or additional dates due to festivals, construction, etc.

Does your market have an annual meeting?

Yes  No

If yes, can FMNP be present to train farmers on FMNP rules?

Yes  No

If yes, please list the annual meeting date, time and location.

Include a copy of your market rules and a map of your market. If your market was approved last season, and your map and rules have not changed since the previous year, you do not need to send the map and rules.

This institution is an equal opportunity provider.

FOR OFFICE USE  
County:

Approval Date: