

FARMERS' INITIALS: \_\_\_\_\_ FMNP NUMBER: \_\_\_\_\_  
(Complete after reviewing Rules and Procedures or receiving training)

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



**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: \_\_\_\_\_
2. Farm/Business Name: \_\_\_\_\_ 3. Acres in Production: \_\_\_\_\_
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: (Attach address or county if different than above and list 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:  
\_\_\_\_\_  
\_\_\_\_\_
12. Market Name (Market(s) farmer will participate): \_\_\_\_\_  
\_\_\_\_\_

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

*I am a bona fide Mississippi agricultural producer and plan to grow or produce the crops listed on this form in 2015. I agree to abide by the rules governing the Mississippi Farmers Market Nutrition Program (FMNP) and the rules of the farmers market. 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 or a local monitor/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/MDAC Signature  
*(New farmers in 2015 must have manager signature)*

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

**COMPLETE THE BACK SECTION**

