



MISSISSIPPI FARMERS MARKET NUTRITION PROGRAM

P.O. BOX 1609
JACKSON, MISSISSIPPI 39215-1609

2024 FARMER APPLICATION AND AGREEMENT

~COMPLETE THE FRONT AND BACK OF FORM~

Name(s): _____ FMNP #: _____

Farm/Business Name: _____ Acres in Production: _____
(Doing business as)

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

City: _____ State: _____ Zip: _____

Telephone: _____ e-mail: _____

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:

Farmers Market(s): _____
(List all markets farmer will be selling)

BY SIGNING BELOW:

I certify that I am a direct producer currently growing or will grow the items listed on this form in **2024**.

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) including the nondiscrimination provisions under federal law.

I understand that any violation of the FMNP rules may result in suspension or disqualification.

Signature

Date (trained, if new)

Market Manager, MDAC or Training Official

Date received

(New farmers must have manager signature)

