



# SENIOR FARMERS' MARKET NUTRITION PROGRAM

KENTUCKY DEPARTMENT OF AGRICULTURE Division of Food Distribution

107 Corporate Drive Frankfort, KY 40601

Phone (502) 573-0282 • Fax (502) 573-0304

## FARMER APPLICATION AND AGREEMENT

Name(s): \_\_\_\_\_ SFMNP #: \_\_\_\_\_

County: \_\_\_\_\_ Acres in Production: \_\_\_\_\_

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 co-op produce or other individuals who 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 approved items to participate in the Kentucky Senior Farmers' Market Nutrition Program season,

I certify the information I provided on this form is accurate,

I have received training reviewed the SFMNP Farmers Market Manual and Civil Rights documents

I agree to abide by the rules/regulations governing the program.

A Ky SFMNP representative may verify the information provided on this application by visiting my farm, and

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

\_\_\_\_\_  
 Direct Producer's Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Market Manager or Training Official  
*(New farmers must have manager signature)*

\_\_\_\_\_  
 Date of Training