



Farm Market Fresh

Senior & WIC Farmers' Market Nutrition Program (S/FMNP)

2024 Authorized Farmer Renewal Form

Please complete this renewal form to confirm your S/FMNP **Farm Market Fresh** Farmer Application & Agreement, contact information, mailing address and the list of markets you intend to participate in during the 2024 market season.

Farmer Name: _____ Farm/Business Name: _____

Best phone number: _____ Email address: _____

Mailing Address: _____

County of Residence: _____ 4-Digit Stamp Number: _____

Name of Farmers Market	Location & Address	Day(s) of the week & hours of operation
		<input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat Hours: _____
		<input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat Hours: _____
		<input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat Hours: _____
		<input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat Hours: _____
		<input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat Hours: _____

New in 2024: Do you have a Roadside Stand that meets the following criteria? If so, you may now apply to accept **Farm Market Fresh** checks at this location. Your Roadside Stand:

- Must have set hours of operation (set days of the week & hours open to the public)
- Must be staffed during all operating hours
- This location must function in addition to at least one farmers' market

If your Roadside Stand meets the criteria above, please list the details of your Farm Stand below:

Description of Roadside or Farm Stand	Physical Location & Address	Days of the Week & Hours of Operation
		<input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat Hours: _____

PRINT FARMER NAME

SIGN FARMER NAME

DATE

AGRICULTURAL REPRESENTATIVE

SIGNATURE

DATE

Return forms to sfmnp@dars.virginia.gov or mail to: S/FMNP Coordinator 1610 Forest Ave. Suite 100 Henrico, VA 23229