

FARMERS' MARKET NUTRITION PROGRAM (FMNP) APPLICATION FOR FARMSTANDS

INSTRUCTIONS

- The purpose of this form is to apply to accept WIC and Senior FMNP checks at a farmstand where one individual farmer sells produce.
- All requested information must be provided. The review process will be delayed if all of the information is not provided.
- If there are multiple stands, fill out an additional form or use a separate sheet of paper to list the information for each stand. Do not list more than one stand on one form. Do not list farmers' markets, where a group of farmers sell products, on this form.
- Submit the completed form to: dhswicfmpn@dhs.wisconsin.gov or Division of Public Health, FMNP, 201 E. Washington Ave., PO Box 2659, Madison, WI 53701-2659.
- The applicant will be notified if WIC and Senior FMNP checks may be accepted at the farmstand site.

This institution is an equal opportunity provider.

SECTION 1 – Vendor Information

Name of Applicant	Street Address of Applicant	
City, State, Zip Code	Telephone Number of Applicant (Include Area Code)	
Email Address of Applicant	May we share your contact information with organizations that promote farmstands/markets? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 2 – Farmstand Information

Name of Farmstand/Business	Location Site (For example, General Store parking lot)	
Street Address of Farmstand	City, State (Must be WI)	County

Type of Produce Sold

The FMNP requires a trained seller to be present. Will a FMNP trained seller be present during open hours?

☐ Yes ☐ No

Do you accept SNAP/FoodShare purchases at this site? SNAP/FoodShare was previously named the Food Stamp program.

☐ Yes ☐ No

What is the main product sold at the site?

☐ Wisconsin-grown fruits and vegetables ☐ Plants ☐ Crafts ☐ Other, specify: _____

Is produce not grown in Wisconsin available at the site?

☐ 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 farmstand to accept FMNP checks?

☐ Yes ☐ No

Dates open when FMNP produce is available. (Example: "August 1 through October 31". Provide specific dates.)

Farmstand Hours (Example: 1:00 PM – 5:00 PM)

Sunday _____ Monday _____ Tuesday _____
Wednesday _____ Thursday _____ Friday _____
Saturday _____

Provide your business website for customers:

FOR OFFICE USE
County:

Vendor ID:

Approval Date: