



Name: \_\_\_\_\_

Business: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## 2018 Vendor Permit Application

- New Vendor     Returning Vendor (since when \_\_\_\_\_)
- Full Member     per Diem

### Tax & Permit Info (if applicable)

Sales tax # \_\_\_\_\_

Ag & Market permit # for plants or processed products: \_\_\_\_\_

Are you a New York State Farmers' Market Nutrition Program (FMNP) participant for 2018?    Yes     No     N/A

### Product Information: *All products must be made or raised by the vendor.*

**Meats:** *Please list*

\_\_\_\_\_

\_\_\_\_\_

**Vegetables:** *Please list*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Fruits:** *Please list*

\_\_\_\_\_

\_\_\_\_\_

**Dairy & Eggs:**

- Milk
- Ice cream
- Eggs
- Yogurt
- Cheeses (types) \_\_\_\_\_

**Plants:**

- Bedding plants
  - Perennials
  - Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Value-added Products/Ornamentals:**

- Baked goods
- Candies
- Cider
- Cut flowers
- Honey
- Gourds
- Herbs
- Jams/jellies
- Maple syrup
- Nuts

- Specialty sauces, dressings, mustards
  - Tofu
  - Herbal vinegars
  - Wine
  - Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Crafts:** *Please describe*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Prepared Foods:** *Please list*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

