





**WIC/SENIOR FARMERS' MARKET NUTRITION PROGRAM  
FARMER APPLICATION FORM**

**SECTION 3: MARKET/ROADSIDE STAND - LOCATION DETAILS**

Complete the following information for all Market(s) and/or Roadside Stand(s) you will participate in. Additional sheets can be added if needed.

**Primary Location: (the location you are most often at)**

Market  Roadside Stand

Name of Market or Roadside Stand \_\_\_\_\_

Season scheduled to begin (Month/Day): \_\_\_\_\_

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

Season scheduled to end (Month/Day): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

<b>Days and Hours of Operation</b>	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
<b>FROM:</b>							
<b>TO:</b>							

Do you sell at a second location? \_\_\_\_\_

**Location 2:**

Market  Roadside Stand

Name of Market or Roadside Stand \_\_\_\_\_

Season scheduled to begin (Month/Day): \_\_\_\_\_

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

Season scheduled to end (Month/Day): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

<b>Days and Hours of Operation</b>	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
<b>FROM:</b>							
<b>TO:</b>							

Do you sell at a third location? \_\_\_\_\_

**Location 3:**

Market  Roadside Stand

Name of Market or Roadside Stand \_\_\_\_\_

Season scheduled to begin (Month/Day): \_\_\_\_\_

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

Season scheduled to end (Month/Day): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_



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<b>Days and Hours of Operation</b>	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
<b>FROM:</b>							
<b>TO:</b>							

Do you sell at a fourth location? \_\_\_\_\_

**Location 4:**

Market  Roadside Stand

\_\_\_\_\_  
Name of Market or Roadside Stand

Season scheduled to begin (Month/Day): \_\_\_\_\_

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

Season scheduled to end (Month/Day): \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code County

<b>Days and Hours of Operation</b>	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
<b>FROM:</b>							
<b>TO:</b>							

Do you sell at a fifth location? \_\_\_\_\_

**Location 5:**

Market  Roadside Stand

\_\_\_\_\_  
Name of Market or Roadside Stand

Season scheduled to begin (Month/Day): \_\_\_\_\_

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

Season scheduled to end (Month/Day): \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code County

<b>Days and Hours of Operation</b>	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
<b>FROM:</b>							
<b>TO:</b>							

Do you sell at any other locations you have not already listed? \_\_\_\_\_

If yes, please attach the Market or Roadside Stand Name, address, county, dates and times of operation on a separate sheet.



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**SECTION 4: CERTIFICATION AND SIGNATURE**

1. I have been an authorized Farmers' Market Nutrition Program (FMNP) farmer in the past.  Yes  No

If yes, please provide your 4-digit Farmer ID number.

2. I am authorized to accept SNAP  Yes  No

Initial here \_\_\_\_\_ I understand that I may only accept payments in participating IL counties, during specific date periods set by Illinois Department of Human Services (IDHS) each FMNP season.

Initial here \_\_\_\_\_ I understand that the Illinois Department of Human Services (IDHS) reserves the right to select participating FMNP Farmers.

By signing this form I acknowledge that I understand all of the FMNP requirements, and that I must have an executed contract with IDHS before accepting FMNP payments.

\_\_\_\_\_  
Applicant Signature Date

For questions about this application or more information about the IL Farmers' Market Program please email to:  
DHS.FMNP@Illinois.gov

or call: (217) 782-2166

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail:  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or  
fax:  
(833) 256-1665 or (202) 690-7442; or  
email:  
Program.Intake@usda.gov