



Farmers' Market and Senior Farmers'
Market Nutrition Programs
2023-2024 Farmer Application for Authorization

State of Alaska
Division of Public Assistance
PO Box 110612
Juneau, AK 99801
Phone: (907) 465-3100
Fax: (907) 465-3416

Complete applications due May 15
Authorization is complete when notified by Alaska WIC Office

Program Introduction: The Alaska Farmers' Market nutrition programs issue checks which can be exchanged for Alaska-grown fruits, vegetables, and herbs at authorized farmer sales sites. Seniors can also purchase Alaska produced honey.

***** Please write legibly. Items marked with an asterisk (*) are required. *****

Farmer Information:

*Alaska Business License Number: _____

*Farm Name _____ *Owner's Name _____

*Email _____ *Phone _____ Fax _____

*Mailing Address _____ *City _____ *Zip _____

*Physical Address _____ *City _____ *Zip _____

Order & Payment Information:

Pre-orders are accepted by (check all that apply): Phone Online/Website By mail/fax Other

*Select all payment types accepted at your farm sales location(s).

(Do not include payment accepted by the market.)

- Debit/Credit Cash/Check Venmo Paypal
 SNAP EBT cards Other: (please list) _____

*Please select your electronic payment device and/or software provider:

- None Square Marketlink/TotilPay Clover Other: _____

*Bank Name: _____

*Name Registered to Account: _____

*Routing Number: _____ *Account Number _____

Location Information:

*Provide ALL public sales locations. If you have additional locations, please attach additional pages.

Farm/Market Name or Location Description:	Date Range (First & last sales dates):
Physical Street Address (intersections are not accepted)	Day(s) of the week:
	Operating Hours:

Program Sign Requirement:

All authorized farms must display the bright yellow "Accepted Here" sign at every public sales location. If you do not have a sign or need replacement(s), please identify how many signs you'd like to request here: _____



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Produce Information:

Do you sell non-produce items? No Yes

Do you grow in a greenhouse and/or high tunnel? No Yes

*We grow _____ % of the produce we sell. If less than 100%, please indicate states, regions and/or other farms where produce is grown:

List produce that your farm will grow in Alaska and sell to the public. (If more space is needed, please attach.)

List Alaska grown produce that your farm acquires from other farms. (If more space is needed, please attach.)

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By signing below, I have read and acknowledge the following:

- All the information in this application is true and correct. I will report any changes to information listed on this application to the State of Alaska WIC Office within 10 business days of the change.
- I understand that providing false information may result in denial or termination of my authorization to participate.
- I agree to follow all program requirements listed in the 2022 Farmer Handbook available per request or online at <https://dhss.alaska.gov/dpa/Pages/nutri/fmnp/fmnpvendorinfo.aspx>.
- I will monitor the email address listed above regularly for program notifications, updates, and requests.
- I will work with State of Alaska staff as the program transitions to electronic benefits or notify the program of my voluntary withdrawal from the FMNP and SFMNP.

*Applicant Printed Name

*Applicant Signature

*Date