THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Health

DIVISION OF PUBLIC ASSISTANCE
Family Nutrition Programs
Juneau
PO Box 110612
Juneau, Alaska 99811-0612
Main: 907.465.3100
Fax: 907.465.3416

Farmers' Market and Senior Farmers' Market Nutrition Programs

Farmer-Vendor Application for Authorization

July 1 – November 30, 2025, and July 1 – November 30, 2026
Authorization is complete when notified by Alaska WIC Office

Program Introduction: The Alaska Farmers' Market nutrition programs issues QR Codes 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: _____
Physical Street Address (Intersections not accepted): _____
Date Range (First and Last sales dates): _____
Day(s) of the week: _____

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: _____

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.)

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

This institution is an equal opportunity provider.

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 2025 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