

# Department of Health/ Nutrition Services Farmer's Market Nutrition Program

## 2025 Farmer Application

Name:	Middle	Las	<u> </u>	Suffix
Birth date:	Middle	Lac	•	Gunix
Race/ethnicity:   Not Hispanic or Latin	o □ Hispanic or Latino			
☐ First American/Alaskan Native, if so,	•	Citiz	enship/CDIB: [	□ Yes □ No
□ Other:				
Mailing address:				
Street	City	County	State	ZIP
Farm address:	City	County	State	ZIP
Business phone: ()	•	·		
Email address:				
Directions to farm/growing location(s): _				
Are you authorized to accept SNAP ber	nefits? ☐ Yes ☐ No If yes, da	ate authorized?	SNAP	' no.:
Of the produce you sell, what percentage	ge do you grow?%			
Do you buy the produce from another g If yes, list produce:				
List name of grower, contact information	n and location where produce	s grown:		
Do you purchase any food items from a lf yes, what and from whom?				
Gross food sales for last year:	SNAP	food sales:		
Would you like to receive information from If yes, list phone number: ()		ext message? □ Ye	es □ No	
Would you like to receive information from If yes, list email address:				
Would you like to have your contact info ☐ Yes ☐ No If yes, list the information			rket Farmer's	Guide?
	Farmers Market □ Yes	□ No		
Market name and location: Market days:		imes:		
Additional market name and location: _				
Market days:	Market t	imes:		
	Produce/Farm Stand □ Y			
Produce stand name and location: Produce stand address and phone num				
Produce stand days:	Produ	ice stand times:		
Additional produce stand name and loc	ation:			
Produce stand address and phone num Produce stand days:		ce stand times:		
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The Chickasaw Nation is an equal opportunity provider except where allowed by applicable or other federal law.



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#### **Photo Release Form**

I hereby grant the Chickasaw Nation permission to interview me and/or to use my likeness in photograph(s)/video in any of its publications and in any other media, whether now known or hereafter existing, controlled by the Chickasaw Nation, in perpetuity, and for other use by the tribe.

I will make no monetary or other claims against the Chickasaw Nation for the use of the interview and/or the photograph(s)/video.

Date:				
Name:				
First		Middle	Last	Suffix
Signature:				
		s a minor):		
Mailing address	s:	City		
· ·	Street	City	State	ZIP
Physical addre	ss:			
	Street	City	State	ZIP
Phone no.: (	)	Email address:		
Requested by:				
Event/project: _				



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#### **Farmer Participation Requirements, Violations and Sanctions**

### Farmer information: Name: \_ Middle Suffix Last Mailing address: ZIP State Physical address: State 7IP Email address: Phone no.: ( ) The Chickasaw Nation Nutrition Services may disqualify a farmer for Farmers' Market Nutrition Program (FMNP) abuse. The farmer has the right to appeal a denial of an application to participate, disqualification or a program sanction by the Chickasaw Nation Nutrition Services. The expiration of an agreement with a farmer and claims actions under Title 7 CFR §246.23 cannot be appealed. A farmer who commits fraud or engages in other illegal activity is liable to prosecution under applicable federal, tribal, state and/or local laws. I have completed the 2025 Chickasaw Nation FMNP farmer training and regulations: I have read and agree to the farmer participation requirements, violations and sanctions, as well as the WIC requirements, violations and sanctions. I hereby attest that I agree to comply with all stated rules and regulations of the FMNP and the Chickasaw Nation WIC program. During the past six years, has any current owner, officer or manager at your store been convicted of or had a civil judgment for any of the following activities: fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making a false statement, receiving stolen property, making false claims or obstruction of justice? ☐ Yes ☐ No If yes, please specify the name of the owner, officer or manager and the activities involved. Have you ever been sanctioned or terminated by the SNAP or any other WIC program? ☐ Yes ☐ No If yes, please specify the name of the owner, officer or manager and the activities involved. Signature Date

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