



2024 Farmer Application

Name: _____
First Middle Last Suffix

Birth date: _____

Race/ethnicity: Not Hispanic or Latino Hispanic or Latino

First American/Alaskan Native, if so, tribal affiliation? _____ Citizenship/CDIB: Yes No

Other: _____

Mailing address: _____
Street City County State ZIP

Farm address: _____
Street City County State ZIP

Business phone: (____) _____ Cell phone: (____) _____

Email address: _____

Directions to farm/growing location(s): _____

Are you authorized to accept SNAP benefits? Yes No If yes, date authorized? _____ SNAP no.: _____

Of the produce you sell, what percentage do you grow? _____%

Do you buy the produce from another grower? Yes No

If yes, list produce: _____

List name of grower, contact information and location where produce is grown: _____

Do you purchase any food items from a wholesale distributor? Yes No

If yes, what and from whom? _____

Gross food sales for last year: _____ SNAP food sales: _____

Would you like to receive information from the Chickasaw Nation via text message? Yes No

If yes, list phone number: (____) _____

Would you like to receive information from the Chickasaw Nation via email? Yes No

If yes, list email address: _____

Would you like to have your contact information listed in the WIC and Senior Farmers' Market Farmer's Guide?

Yes No If yes, list the information: _____

Farmers Market Yes No

Market name and location: _____

Market days: _____ **Market times:** _____

Additional market name and location: _____

Market days: _____ **Market times:** _____

Produce/Farm Stand Yes No

Produce stand name and location: _____

Produce stand address and phone number: _____

Produce stand days: _____ **Produce stand times:** _____

Additional produce stand name and location: _____

Produce stand address and phone number: _____

Produce stand days: _____ **Produce stand times:** _____



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: _____

Relation to subject (if subject is a minor): _____

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Phone no.: (____) _____ Email address: _____

Requested by: _____

Event/project: _____



Farmer Participation Requirements, Violations, and Sanctions

Farmer information:

Name: _____
 First Middle Last Suffix

Mailing address: _____
 Street City State ZIP

Physical address: _____
 Street City State ZIP

Phone no.: (____) _____ Email address: _____

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 2024 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