

WIC FARMERS MARKET NUTRITION PROGRAM

NEW FARMERS MARKET APPLICATION

1. Name of Market: _____
2. Address of Market including zip code: _____
3. _____
4. Market Phone No.: _____ Fax No.: _____
5. Market Manager's Name: _____ Email: _____
6. Market Mailing Address: _____

7. Day(s) Open: _____ Hours: _____
8. First and Last Market Day of Season: _____
9. Is there enough parking available? _____
10. Is the market a member of the Washington State Farmers Market Association? Yes _____ No _____
11. Does the market accept food stamps? Yes _____ No _____
12. Number of vendors (including crafts) _____ Number of vendors who sell only produce _____
Number of vendors who sell both produce and crafts and/or flowers _____
13. Types of produce available throughout the market season: _____

14. How many farmers/growers have enough produce that WIC clients are able to buy \$2 worth of fruits and vegetables:

15. What is the average number of farmers/growers who sell at the market for the following months?

July _____ August _____ September _____ October _____

16. How many produce vendors sell out before the close of each market day? _____

17. Does the market allow brokers to sell at the market? _____

18. Does the market hold any festivals or special events? _____

19. How long has market been in existence? _____

20. Is the market planning any changes for next year? _____

21. Other comments: _____

Name of Market Representative: _____

Date: _____