



**MARKET MANAGER
APPLICATION & AGREEMENT**
WIC & Senior Farmers' Market Nutrition
Program (FMNP)



Mail completed application forms to:
FMNP

California WIC Program/LASB
3901 Lennane Drive, MS 8600
Sacramento, CA 95834

The Market Manager Application is used by the California Women, Infants and Children (WIC) Program and California Department of Food and Agriculture (CDFA) to authorize market managers to oversee farmers who participate in the WIC and Senior Farmers' Market Nutrition Program. Please review the application instructions that accompany this application. Note: Complete either section 1A or 1B. Applications Accepted: March 1 – September 30

Section 1A: Market Manager Information (for market operations in one location only)

Name of Market Manager

Mailing Address

City

County

ZIP Code

Phone (Business)

Phone (Cell)

FAX Number

Email Address

Section 1B: Organization or Association Information (for multiple market operations)

Name of Association

Name of Market Administrator or General Manager

Mailing Address (if different from above)

City

County

ZIP Code

Phone (Business)

FAX Number

Email Address

Section 2: Provide information for all markets under your management.

*Attach additional sheets if needed.

Market Information		Market Certificate Information:
Market Name	Day of Week/ Hours of Operation	Issuing County
On-site Market Manager	Months of Operation	Certificate Number
Market Location	County	Expiration Date
Market Name	Day of Week/ Hours of Operation	Issuing County
On-site Market Manager	Months of Operation	Certificate Number
Market Location	County	Expiration Date
Market Name	Day of Week/ Hours of Operation	Issuing County
On-site Market Manager	Months of Operation	Certificate Number
Market Location	County	Expiration Date

Section 3: First-time Market Manager Training Requirement

A face-to-face or interactive training is required during the first year of application. Training must be completed prior to submitting your application to the State. The training may be provided by a State or Local WIC Agency staff. Please obtain the trainer's signature here when training is completed. Returning Market Managers may disregard this section.

Signature of Trainer	Title	Date
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Section 4: Market Manager Agreement and Signature

All the information in this application is true and correct. I understand that providing any false information may result in the California WIC and Senior FMNP denying or terminating my authorization to participate.

By signing this application, I agree to follow all the program requirements governing the Farmers' Market Nutrition Program as stated in the Farmer and Market Manager Handbook.

_____	_____	_____
Market Manager Signature	Print Name	Date

FOR STATE USE ONLY

Status	Approved Denied Incomplete	Notes
Signature of State Representative	Title	Date

