

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel; (207) 287-8016; Fax (207) 287-9058
TTY: Dial 711 (Maine Relay)

Maine WIC Farmer Application for Authorization

All questions on the application must be answered. Incomplete applications will be denied.

TYPE OF APPLICATION

- New** Applicant Farmer - Maine farmer that sells fruit or vegetables and is not currently authorized by WIC
- Currently** Authorized WIC Farmer with Agreement Expiring March 31st of this year. Vendor # ___ __ __ __

FARM IDENTIFICATION

Business Name: _____

Mailing Address: _____

City: _____ County: _____ State: _____ ZIP Code: _____

Physical Location of Farm, if different: _____

City: _____ County: _____ State: _____ ZIP Code: _____

E-mail: _____ Text message number: _____

Phone: _____ Fax: _____ Website: _____

Types of payments accepted in this business: Cash EBT/SNAP Debit Credit Check

FARM AND GROWING INFORMATION

The Maine CDC WIC Nutrition Program authorizes select Maine farmers to provide fresh, locally grown fruits and vegetables to Maine families participating in WIC. Only Maine grown produce can be provided in exchange for Farmers Market Nutrition Program (FMNP) checks.

Is your farm located within the state of Maine? Yes No

What fruits and vegetables do you grow?

Apples	Artichokes	Asparagus	Beans	Beets	Blackberries	Blueberries	Broccoli	Cabbage	Carrots
Cauliflower	Celery	Corn	Cucumbers	Eggplant	Grapes	Herbs- Fresh	Kohlrabi	Leeks	Lettuce
Melons	Mushrooms	Onions	Parsnips	Pears	Peppers	Plums	Potatoes	Pumpkins	Radishes
Raspberries	Rhubarb	Scallions	Shallots	Spinach	Strawberries	Squash	Tomatoes	Turnips	Zucchini

Other: _____

Maine CDC WIC Nutrition Program

PHONE: (207) 287-3991

TTY USERS: Dial 711 (Maine Relay)

FAX: (207) 287-3993

- How many acres are used to grow the fruits and vegetables you sell? _____ acres
- Are at least 50% of the fruits and vegetables you offer for sale are grown at your farm or under your supervision (for sales at Farmers' Markets, at least 75% of the product sold must be grown by the farmer per state law)? Yes No
- Is at least 50% of the produce you offer for sale fresh and not processed? Yes No
- Are your regular business hours posted at your sales locations? Yes No
- Are your sales locations attended during your regular business hours? Yes No
- Are your sales locations accessible to people with disabilities? Yes No
- Do your sales locations provide the produce you sell with protection from heat, sun, or other weather damage to ensure safety and quality? Yes No
- Do you sell fruits and vegetables from other sources? Yes No

If yes, please list your other sources of produce.

Name: _____ Phone: _____

Address Farm Location: _____

City: _____ County: _____ State: _____ ZIP Code: _____

Name: _____ Phone: _____

Address Farm Location: _____

City: _____ County: _____ State: _____ ZIP Code: _____

Name: _____ Phone: _____

Address Farm Location: _____

City: _____ County: _____ State: _____ ZIP Code: _____

If there are more sources, submit the information on a separate page and attached to this application.

TYPE OF MARKETING SITE(S) - CHECK ALL THAT APPLY

- Mobile Stand** = single farmer with transportable temporary sales display area that is set up at the same location on a regular, advertised schedule.
- Roadside Stand** = single farmer at a non-mobile stand with a regular, advertised schedule for sales.
- Farmers' Market** = place used by two or more farmer-producers to sell their own agricultural products directly to consumers. Must have a regular, advertised schedule and meet Maine law requirements.

SALES SITES

Please indicate where & when you sell fruits and vegetables. The following information will be published on www.wicforme.com, be certain of name, address, start/end date, day(s), and business hours. Incomplete information will not be considered. If there are more locations, submit the information on a separate page and attached to this application. It is your responsibility to update us on any changes.

Example

Mobile Stand = MS

Roadside Stand = RS

Farmer's Market = FM

MS RS FM

Location i.e. Name: **Maine WIC Market**

Address: (911 Address) **286 Water St.**

Phone: **207-287-5366**
 same

Line 2 (Hints) **Downtown Augusta, The Key Bank Plaza, Across Vickery building**

City: **Augusta,**

County: **Kennebec**

Start Date: **7 /15/18**

End Date: **9/30/18**

Sun: to

Mon: **9am to 2:30pm**

Tue: to

Wed: to

Thur.: **9am to 2:30pm**

Fri: to

Sat: to

MS RS FM

Location 1 Name:

Address:

Phone:
 same

Line 2

City:

County:

Start Date:

End Date

Sun: to

Mon: to

Tue: to

Wed: to

Thur.: to

Fri: to

Sat: to

MS RS FM

Location 2 Name:

Address:

Phone:
 same

Line 2

City:

County:

Start Date:

End Date

Sun: to

Mon: to

Tue: to

Wed: to

Thur.: to

Fri: to

Sat: to

MS RS FM

Location 3 Name:

Address:

Phone:
 same

Line 2

City:

County:

Start Date:

End Date

Sun: to

Mon: to

Tue: to

Wed: to

Thur.: to

Fri: to

Sat: to

BUSINESS OWNERSHIP

Please include any farm owners, managers, partners, or other individuals authorized to represent the farm in business agreements. If there are more individuals in ownership or management than the space provided, submit the information on a separate page attached to this application.

Name: _____ Title: _____

Mailing Address: _____

Phone: _____ Cell: _____ E-mail: _____

Name: _____ Title: _____

Mailing Address: _____

Phone: _____ Cell: _____ E-mail: _____

BANK INFORMATION

Bank Name (Where WIC Checks Will Be Deposited?): _____

Account Holder's Name: _____

City: _____ Phone: _____ Checking Account No.: _____

Routing Number (Nine Digit Number): _____

BUSINESS INTEGRITY

I certify that 50% or more of my produce offered for sale is grown by me or under my direction. Yes No

I certify that any produce not grown by me is labelled with the name and location of its source. Yes No

I certify that I will only sell fresh, Maine grown produce in exchange for WIC Farmers Market Nutrition Program checks. Yes No

I understand it is my responsibility to notify the WIC Program of any changes to operations, including but not limited to, hours and days of operation, locations, ownership changes, and cessation of business.

Yes No

I understand it is my responsibility as a WIC farmer to obtain and pay for the services of an interpreter, if one is needed. Yes No Are interpreter services needed? Yes No

Interpreter Name: _____ Date: _____

I understand that any false statements made in connection with this application may be grounds for denial of this application or termination of the WIC Farmer Agreement. Yes No

Print Name: _____ Signature: _____ Date: _____