



Department of Health and Human Services  
 Maine Center for Disease Control and Prevention  
 WIC Nutrition Program  
 286 Water Street  
 11 State House Station  
 Augusta, Maine 04333-0011  
 Tel.: (207) 287-3991; Fax: (207) 287-3993  
 TTY Users: Dial 711 (Maine Relay)

## Maine WIC Farmer Application for Authorization

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

Application deadline **February 28<sup>th</sup>**.

### 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 31<sup>st</sup> of this year. Vendor #

### FARM IDENTIFICATION

Primary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Physical Location of Farm, if different: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Preference for receiving information updates:  e-mail  regular mail

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

### 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: \_\_\_\_\_

Ph.: 1-800-437-9300 or E-mail: [WIC.Maine@Maine.gov](mailto:WIC.Maine@Maine.gov)



For Resources visit: [www.WICforME.com](http://www.WICforME.com)

- 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 grown by other Maine farmers?  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.

Business Name: \_\_\_\_\_

V#: \_\_\_\_\_

**SALES SITES**

Please indicate where & when you sell fruits and vegetables. The following information will be published on [www.wicforme.com](http://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 Name: \_\_\_\_\_

V#: \_\_\_\_\_

## 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: \_\_\_\_\_