Vendor Application

2025 - 2026 Season

PLEASE PRINT CLEARLY/LEGIBLY
For questions: send an email to: farmtoplaza@gmail.com. You will receive notification on application status after review by the SFM Board.

Name:	
Farm/Business Name:	
Mailing Address:	
Physical Address:	
Phone:	
Email:	
WIC #: SNAP #:	
Social Media Links:	

1. Please check what you expect to bring to market to sell.

- ☐ Vegetables, fruits/berries, herbs
- ☐ Nuts
- ☐ Eggs
- ☐ Dairy products
- ☐ Meats
- ☐ Honey
- ☐ Live plants/Flowers
- ☐ Cut Flowers
- ☐ Baked Goods
- ☐ Prepared Hot Foods(describe below)
- ☐ Prepared Cold Foods(describe below)
- ☐ Crafts
- ☐ Other (describe below)

Describe:

2. Do you plan to participate in the WIC program this season?
   Please check one: ☐ YES ☐NO
   If yes, please provide the assigned WIC number above or complete the WIC application. Do not request a new number unless the business format has changed (i.e. Vendor was a sole proprietor and is now a corporation or has a new partner.) See the Market Manager (MM) for more information.

3. Do you plan to participate in the SNAP program this season?
   Please Check one: ☐ YES ☐NO
   If yes, please provide the assigned SNAP number above or complete the SNAP application. Do not request a new number unless the business format has changed (i.e. Vendor was a sole proprietor and is now a corporation or has a new partner.) See the MM for more information.

4. Do you need access to electricity from your vendor's space?
   Please Check one: ☐ YES ☐NO
   Note: SFM may or may not be able to accommodate this request.

5. Do you have any accessibility needs as protected by the ADA?
   Please Check one: ☐ YES ☐NO
   If yes, please speak to the MM or SFM Board Officer.

6. I plan to be a: ☐ Yearly ☐ Seasonal ☐ Daily ☐ Non-profit vendor

7. I certify that I have received and understand the rules of the SFM Rules & Regulations and agree to follow the rules of the market. I understand that if I don't abide by these rules, I may have my selling privileges revoked.

8. I certify that I have received and understand fees outlined per the SFM Fees Schedule and agree to pay according to the schedule.

9. I certify that I will abide by all state and federal laws/ policies and agree to provide copies of all applicable licenses and permits, as required, to the SFM.

10. I certify that all produce is grown in New Mexico unless otherwise pre-authorized by the MM or SFM board and I will in good faith comply with the above contract with SFM.

Signature Date

For Official Use Only
Date Received: _____
Daily/Winter/Summer/Yearly:_____ Date Paid:_____
Payment Method: Check_____ Cash_____ Amount Paid:_____
Vendor Approval by Board: Yes_____ No_____ Date of decision: _____
Farm Inspection:
Inspection Date: _____
Inspection Approval: _____
Board/Inspection Comments: