Vendor Application

2026 - 2027 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)
- ☐ Prepared Beverages(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 ☐ Youth (Age 17 and under)

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 offered for sale at the Socorro Farmers Market is grown in New Mexico

11. I agree to participate in market clean-up 1-2 times per month as scheduled or coordinated by the Market Manager.

12. I acknowledge that I have received and reviewed the SFM Nutrition & Incentive Programs Quick Guide and agree to follow the requirements for any programs in which I participate.

Signature Date

Socorro Farmers Market Media Release

Socorro Farmers Market may take photographs or videos during market days, special events, and other market activities for use in market communications, including social media, the SFM website, newsletters, flyers, advertising, and other promotional materials.

Please select your preferences:

☐ I give permission for Socorro Farmers Market to photograph or record **me** and use those images or recordings for market communications and promotional purposes.

☐ I give permission for Socorro Farmers Market to photograph or record **my booth, products, displays, or market setup** and use those images or recordings for market communications and promotional purposes.

☐ I do **not** give permission for photographs or recordings of me.

For Official Use Only
Date Received: _____
Daily/Indoor/Outdoor/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: