the Chickasaw Nation

Chris Anoatubby
Governor

Department of Health/ Nutrition Services
Farmer's Market Nutrition Program

2026 Farmer Application

Name: _____
First Middle Last Suffix

Birth date: _____

Race/ethnicity: ☐ Not Hispanic or Latino ☐ Hispanic or Latino

☐ First American/Alaskan Native, if so, tribal affiliation? _____ Citizenship/CDIB: ☐ Yes ☐ No

Mailing address: _____
Street City County State ZIP

Farm address: _____
Street City County State ZIP

Business phone: (____) _____ Cell phone: (____) _____

Directions to farm/growing location(s): _____
_____

Do you attend annual training? ☐ Yes ☐ No If yes, date? _____ Vendor no.: _____

Are you authorized to accept SNAP benefits? ☐ Yes ☐ No If yes, date authorized? _____ SNAP no.: _____

Of the produce you sell, what percentage do you grow? _____%

Do you buy the produce from another grower? ☐ Yes ☐ No
If yes, list produce: _____

List name of grower, contact information and location where produce is grown: _____
_____

Do you purchase any food items from a wholesale distributor? ☐ Yes ☐ No
If yes, what and from whom? _____

Would you like to receive information from the Chickasaw Nation via text message? ☐ Yes ☐ No
If yes, list phone number: (____) _____

Would you like to receive information from the Chickasaw Nation via email? ☐ Yes ☐ No
If yes, list email address: _____

Would you like to have your contact information listed in the WIC and Senior Farmers' Market Farmer's Guide?
☐ Yes ☐ No If yes, list the information: _____

Farmers Market ☐ Yes ☐ No

Market name and location: _____
Market days: _____ Market times: _____
Additional market name and location: _____
Market days: _____ Market times: _____

Produce/Farm Stand ☐ Yes ☐ No

Produce stand name and location: _____
Produce stand address and phone number: _____
Produce stand days: _____ Produce stand times: _____
Additional produce stand name and location: _____
Produce stand address and phone number: _____
Produce stand days: _____ Produce stand times: _____

The Chickasaw Nation is an equal opportunity provider except where allowed by applicable or other federal law.

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Farmer Participation Requirements, Violations and Sanctions

Farmer information:

Name: _____
First Middle Last Suffix

☐ I hereby grant the Chickasaw Nation permission to interview me and/or to use my likeness in photograph(s)/video in any of its publications and in any other media, whether now known or hereafter existing, controlled by the Chickasaw Nation, in perpetuity, and for other use by the tribe.

The Chickasaw Nation Nutrition Services may disqualify a farmer for Farmers' Market Nutrition Program (FMNP) abuse.

The farmer has the right to appeal a denial of an application to participate, disqualification or a program sanction by the Chickasaw Nation Nutrition Services.

The expiration of an agreement with a farmer and claims actions under Title 7 CFR §246.23 cannot be appealed.

A farmer who commits fraud or engages in other illegal activity is liable to prosecution under applicable federal, tribal, state and/or local laws.

I have completed the 2026 Chickasaw Nation FMNP farmer training and regulations: I have read and agree to the farmer participation requirements, violations and sanctions, as well as the WIC requirements, violations and sanctions.

I hereby attest that I agree to comply with all stated rules and regulations of the FMNP and the Chickasaw Nation WIC program.

During the past six years, has any current owner, officer or manager at your store been convicted of or had a civil judgment for any of the following activities: fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making a false statement, receiving stolen property, making false claims or obstruction of justice? ☐ Yes ☐ No
If yes, please specify the name of the owner, officer or manager and the activities involved.

_____

Have you ever been sanctioned or terminated by the SNAP or any other WIC program? ☐ Yes ☐ No
If yes, please specify the name of the owner, officer or manager and the activities involved.

_____

_____ _____
Signature Date

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