



**FOOD STAMP PROGRAM
VENDOR APPLICATION**

Name of Vendor: _____

Business Name: _____

Telephone: _____

Email: _____

Qualified products that will be available to SNAP clients: (check all that apply)

_____ Fresh Produce

_____ Jam

_____ Breads & Pastries

_____ Dried Herbs, Vinegars, Dried
Fruit & Vegetables

_____ Meats, Poultry, Fish

_____ Vegetable, Herb and Fruit
Starts

_____ Eggs

_____ Dairy

_____ Honey

_____ Salsa

_____ Other (please list)

I have read the USDA rules for accepting Food Stamps at the Kootenai County Farmers' Market and agree to abide by them. I will accept tokens for qualified purchases only, not charge sales tax on the items, not give change in cash, and will treat Food Stamp clients with the same respect as my other customers. In addition I will offer helpful suggestions, recipes and tips to help educate the clients about using the products I am selling. I realize any violation of USDA rules will result in loss of my privileges to accept Food Stamps and if repeated may result in loss of my selling privileges at KCFM entirely.

Signed _____

Date _____