

2026 South Carolina Senior Farmers' Market Nutrition Program

Authorized Mobile Market Agreement

Due Date: April 1, 2026

If you have a Mobile Market you would like evaluated for consideration as an authorized Mobile Market in the 2026 Senior Farmers' Market Nutrition Program, you must complete the following information and submit this application with your 2026 Farmer Agreement.

STAMP OR WRITE YOUR CURRENT
5-DIGIT FARMER NUMBER HERE

Mobile Market Name

Mobile Market Owner's Name

Mobile Market Owner's Address

City

ZIP Code

To be an authorized Mobile Market for the Senior Farmers' Market Nutrition Program, you must set up a stall with a farmers' market at least one (1) time per week. Please list all markets where you plan to sell your produce and the days you will attend each market.

Market Name _____ S M T W T F S _____ Start Date _____ End Date

Market Name _____ S M T W T F S _____ Start Date _____ End Date

To be eligible to operate a mobile market, you must agree to the statements below. Please read the following statements and sign.

- I certify with my signature I am a bona fide South Carolina farmer who plans to grow and harvest at least 50% of what I offer for sale at the Mobile Market.
- I agree to not accept produce from other farmers for resale on the mobile market.
- I certify that I will operate at an approved designated location that is easily accessible to Senior Farmers' Market Nutrition Program Participants.
- I agree to have a fixed schedule of operation including at minimum two (2) days per week and three (3) hours per day.
- I agree to provide a list of all scheduled weekly stops.
- I certify that I will set up at a farmers' market at least one (1) time per week through a stall, not using the Mobile Market.
- I agree to supply at least three (3) varieties of fresh, South Carolina grown fruits and at least three (3) varieties of fresh, South Carolina grown vegetables. I certify I have not committed a violation within the past 2 seasons.

Farmer's Signature _____

Date Signed _____

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To be an authorized Mobile Market, you must have a fixed schedule of operation with a minimum of two (2) days per week and three (3) hours per day. Please list all locations where you plan to sell your produce and the days and times you will set up.

1. _____
Street Address City ZIP Code

S M T W T F S _____
Start Time End Time

2. _____
Street Address City ZIP Code

S M T W T F S _____
Start Time End Time

3. _____
Street Address City ZIP Code

S M T W T F S _____
Start Time End Time

4. _____
Street Address City ZIP Code

S M T W T F S _____
Start Time End Time

This institution is an equal opportunity provider.

RETURN COMPLETED FORM TO

South Carolina Department of Agriculture
Attn: Anne Nidiffer
PO Box 11280
Columbia, SC 29211
anidiffer@scda.sc.gov

SCDA / DSS STAFF ONLY

Status: Approved Denied Incomplete

Approved by _____
Name, Title

Date _____

Notes _____