



Participation Form

Please fill out and return to
TasteNY@agriculture.ny.gov

Thank you for choosing to do business in New York! Taste NY, the state's official eat-local drink-local program, continues to grow year after year. If you are interested in Taste NY opportunities and events, having your business featured on the New York Farms and Food website, and subscribing to our monthly newsletter, please fill out the information below!

Business Name: _____

Contact Person: _____

Business Address: _____
Street City State NY County

Telephone: _____ **Cell Phone:** _____

Email Address: _____

Website: _____

Address of Processing Facility: _____

Product Category and Specific Product Types: _____

Type of Operation:

- | | | |
|--|--|--|
| <input type="checkbox"/> Grower/Farm Business | <input type="checkbox"/> Beverage | <input type="checkbox"/> Food Manufacturer |
| <input type="checkbox"/> Agricultural Products | <input type="checkbox"/> Wholesale/Distributor | <input type="checkbox"/> Retailer |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Agritourism Destination | <input type="checkbox"/> Trade Association |

Vendor/Representative Signature Date

Print Name Title