



STATE OF CALIFORNIA
 DEPARTMENT OF FOOD AND AGRICULTURE
 INSPECTION & COMPLIANCE BRANCH
 CERTIFIED FARMERS MARKET INSPECTION PROGRAM
 51-047 (Rev 7/18)

DISTRIBUTION:
 Original - Ag. Commissioner
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APPLICATION/CERTIFICATE FOR CERTIFIED FARMERS' MARKET
TYPE OR PRINT

OPERATOR IS (CHECK ONE)

Certified Producer(s) Local Government Agency Nonprofit Organization

NAME OF MARKET OPERATOR <small>(CERTIFIED PRODUCER, LOCAL GOV'T AGENCY OR NONPROFIT ORG.)</small>		BUSINESS PHONE
AGENT FOR SERVICE OF PROCESS		CELL PHONE
MAILING ADDRESS		FAX NUMBER
CITY	ZIP	WEBSITE
		EMAIL ADDRESS

MARKET NAME		BUSINESS PHONE
REMITTANCE FORM MAILING ADDRESS		CELL PHONE
CITY	ZIP	FAX NUMBER
MARKET MANAGER NAME		EMAIL ADDRESS

OPERATIONAL INFORMATION Note: Operational location, days and hours are only valid as approved on this certificate

MARKET LOCATION (Include City and Cross Streets)		
CITY	ZIP	COUNTY
MONTHS	TO	DAYS
HOURS	TO	EST. # OF VENDORS PER MARKET DAY

As the applicant, I hereby certify that the information provided on this application is true and that the Certified Farmers' Market will be operated in compliance with the Direct Marketing regulations as provided in Title 3, Division 3, Chapter 1, Subchapter 4, Article 6.5 of the California Code of Regulations.

PRINTED NAME _____ CHECK ONE: APPLICANT APPLICANT REPRESENTATIVE

SIGNATURE _____ DATE _____

FOR OFFICIAL USE ONLY		
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Issue Date: _____ Exp. Date _____
Certificate Number _____		
Approving Officer's Signature	Title	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
If not approved, state reasons: _____		

Map of Certified Farmers' Market location must accompany application. Show market perimeters with nearest cross streets, clearly defining the agricultural and non-agricultural sections.

Letter of exemption by Franchise Tax Board, or Articles of Incorporation certified by the Secretary of State, or certified producer association constitution and by laws must accompany application.