DEPARTMENT OF FOOD AND AGRICULTURE
FRUIT, VEGETABLE, AND EGG QUALITY CONTROL

DISTRIBUTION:
White - Ag Commissioner
Canary - CDFA
Pink - Applicant

APPLICATION/CERTIFICATE FOR CERTIFIED FARMERS' MARKET
51-047 (Rev. 5/01)

TYPE OR PRINT

APPLICANT IS (CHECK ONE)

☐ Certified Producer(s) ☐ Local Government Agency ☐ Nonprofit Organization *

NAME OF APPLICANT	BUSINESS PHONE ( )
MAILING ADDRESS	RESIDENCE PHONE ( )
CITY ZIP	FAX NUMBER ( )
RESIDENCE	OTHER NUMBER ( )
CITY ZIP	E-MAIL ADDRESS

MARKET NAME **	BUSINESS PHONE ( )
MAILING ADDRESS	RESIDENCE PHONE ( )
CITY ZIP	FAX NUMBER ( )
MARKET MANAGER NAME	E-MAIL ADDRESS

MARKET LOCATION (Include City and Cross Streets)		
CITY	ZIP	COUNTY

PLANNED SCHEDULE OF OPERATION

MONTHS	TO	DAYS
HOURS	TO	EST. # OF PRODUCER STALLS PER QUARTER

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, Chapter 3, Group 4, Artice 6.5 of the California Code of Regulations.

PRINTED NAME_____ CHECK ONE: ☐ APPLICANT ☐ APPLICANT REPRESENTATIVE

SIGNATURE_____ DATE_____

FOR OFFICIAL USE ONLY

☐ Approved ☐ Disapproved Issue Date _____ Exp. Date _____

Certificate Number _____

Approving Officer's Signature	Title	Date

If not approved, state reasons:_____

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* Letter of exemption issued 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.

** Map of Certified Farmers' Market location must accompany application. Show market perimeters with nearest cross streets.