



STATE OF CALIFORNIA
 DEPARTMENT OF FOOD AND AGRICULTURE
 CERTIFIED FARMERS' MARKET INSPECTION PROGRAM
 51-047 (Rev 1/15)

DISTRIBUTION:
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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 OPERATOR		BUSINESS PHONE ()
MAILING ADDRESS		CELL PHONE ()
CITY	ZIP	FAX NUMBER ()
PHYSICAL ADDRESS		WEBSITE
CITY	ZIP	EMAIL ADDRESS

MARKET NAME		BUSINESS PHONE ()
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
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
If not approved, state reasons: _____		

Map of Certified Farmers' Market location must accompany application. The map shall clearly delineate the boundaries of the agricultural and non-agricultural products areas.