

DISTRIBUTION
Original – Ag. Commissioner
Copy – CDFA
Copy – Applicant

APPLICATION/CERTIFICATE FOR CERTIFIED FARMERS' MARKET

OPERATOR IS (CHECK ONE)

<input type="checkbox"/> Certified Producer(s)	<input type="checkbox"/> Local Government Agency	<input type="checkbox"/> 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

Approved Disapproved Issue Date: _____ Exp. Date _____

Certificate Number _____

Approving Officer's Signature	Title	Date

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 bylaws must accompany application.

** An agent for service of process is an individual, or a corporation, designated to accept service of process (court papers) if the business entity issued