

40.11.04

**EACH QUARTER SEND REMITTANCE
 AND THIS FORM TO:**
Cashier - CDFA
Direct Marketing Program 40.11.04
P.O. Box 942872
Sacramento, CA 94271-2872

Market Sponsor		Market Certificate Number
Market Name		Market Contact Person
Mailing Address		City, State, and Zip Code
Market Days of Operation		Market Hours of Operation
Market Telephone Number	Market Fax Number	Market E-mail Address

Check this box if any of the above information is incorrect (please make the appropriate changes)

REPORTING QUARTER (Please use separate form for each quarter):

Quarters	Operational	Nonoperational	
FIRST	<input type="checkbox"/>	<input type="checkbox"/>	January 1 through March 31 (Delinquent on May 1)
SECOND	<input type="checkbox"/>	<input type="checkbox"/>	April 1 through June 30 (Delinquent on July 31)
THIRD	<input type="checkbox"/>	<input type="checkbox"/>	July 1 through September 30 (Delinquent on November 1)
FOURTH	<input type="checkbox"/>	<input type="checkbox"/>	October 1 through December 31 (Delinquent on January 31)

To calculate the market fee due, use the following example and formula:

<u>Date</u> <u>Of Market</u>	<u># of Certificates & Other</u> <u>Agricultural Producers That Day</u>	<u>Producers</u> <u>Name</u>
5/22/04	2	John Smith selling for himself and another certified farmer
5/29/04	4	John Smith, F&V Farm, Frank Doe certified in Yuba & Yolo Counties
6/05/04	3	John Smith, F&V Farm, Jane selling non certifiable ag product (cheese)
6/12/05	<u>1</u>	Fred Doe selling non certifiable ag products (farmed fish & beef jerky)
	10 x \$0.60 =	\$6.00 Total Due for Quarterly Market Fee

Total number of certified producer certificates and other agricultural producers _____ x \$0.60 = \$ _____ Quarterly Market Fee
 (For each day of market operation per quarter)

Quarterly Market Fee	\$
Monthly Interest Charge (1½%) <i>Compounded Monthly</i>	\$
Late Penalty Fee (\$100.00) <i>Within 60 days of end of quarter</i>	\$
Total Amount Due	\$

PAYABLE TO: CASHIER – CDFA
 Direct Marketing Program 40.11.04

I hereby certify that to the best of my knowledge and belief, this report is true and complete. I understand that records from which this report was compiled are subject to audit by the Department of Food and Agriculture per Sections 42808(a)(3) of the California Food and Agricultural Code.

PRINT NAME OF PERSON COMPLETING REPORT	SIGNATURE	DATE
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INSTRUCTION SHEET
CERTIFIED FARMERS MARKET REMITTANCE FORM
Form 51-064

MARKET SPONSOR/GOVERNING BODY RESPONSIBILITY

Sponsor/Governing Body must complete the form and return with payment, providing all necessary information accurately. Failure to complete the form and return with payment may result in penalties and the denial of the market certificate renewal.

NOTE: Check the box if any of the information in the top portion of the form is incorrect and make the appropriate changes.

A. **REPORTING QUARTER:** Check the box to indicate the market was operational or non-operational during the appropriate reporting quarter. If the market was non-operational during the reporting quarter, skip to the bottom portion of the form and print the name of the person completing the report with their signature and the date.

If Non-Operational return the form to: Department of Food and Agriculture, Certified Farmers Market Program, 1220 N Street, Sacramento, CA 95814

B. **TOTAL NUMBER OF CERTIFIED PRODUCERS AND OTHER AGRICULTURAL PRODUCERS:** Enter the total number of producer certificates and other agricultural producers participating on each market day for the entire reporting quarter. A producer who participates in the market for more than one day should be counted for each day of participation. Multiply this total amount by the market assessment fee (\$0.60). Write in the amount of the quarterly market fee.

C. **MONTHLY INTEREST:** Any market that does not pay the fee within 30 days of the date on which the fee is due shall pay one and one half (1) per cent per month interest compounded at the end of each subsequent month on the unpaid balance (Quarterly Market Fee). When the submitted payment is postmarked prior to the delinquent date, no interest charge is due. However, if the submitted payment is postmarked on or after the delinquent date, a monthly interest charge shall be applied until the payment has been received. Write in the amount of the monthly interest owed. If none, enter 0.

D. **LATE PENALTY FEE:** Any market that does not pay the fee within 60 days of the date on which the fee is due shall pay \$100, in addition to the monthly interest charge, on the unpaid balance. When the submitted payment is postmarked prior to the 60-day delinquent date, no late penalty is due, however, a monthly interest charge may still apply. If the submitted payment is postmarked on or after the 60-day delinquent date, the late penalty of \$100 shall be applied, in addition to a compounded monthly interest charge until the payment has been received. Write in the amount of \$100 for a late penalty fee. For every thirty days thereafter the 60-day delinquent date, an additional \$100 late penalty will apply, in addition to the compounded monthly interest charge, until payment is received. Write in the amount of the late penalty owed. If none, enter 0.

E. **TOTAL AMOUNT DUE:** Enter the sum of all amounts including monthly interest charges and late penalties, if applicable. This is the amount to send to the Cashier - CDFA, Direct Marketing Program. The sixty-cent (\$0.60) fee pays for general program operations (\$0.50) and administrative/legal costs for informal hearings and advisory opinions (\$0.10).

F. **PERSON COMPLETING REPORT:** To certify that the report is true and complete, print the name of the person completing report with their signature and date. Return form with payment.

G. **PAYMENT:** Make check payable to CASHIER - CDFA Direct Marketing Program
To ensure proper credit to the program, please include 40.11.04 on your check.

H. **MAILING ADDRESS:** Remitting quarterly market fee:
**Cashier –CDFA, Direct Marketing Program 40.11.04, P.O. Box 942872,
Sacramento, CA 94271-2872**

For General Information contact Kevin Masuhara , Program Supervisor at (916) 445-2180, ext. 3514.