



STATE OF CALIFORNIA  
DEPARTMENT OF FOOD AND AGRICULTURE  
INSPECTION & COMPLIANCE BRANCH

**Certified Farmers' Market Remittance Form  
51-064 (Rev. 07/18)**

**EACH QUARTER SEND REMITTANCE AND THIS FORM TO:**  
**Cashier – CDFA**  
**Certified Farmers' Market Program 90303**  
**PO Box 942872**  
**Sacramento, CA 94271-2872**

**A. MARKET INFORMATION:**

Market Operator:	Market Certificate Number:	CDFA Applicant ID:
Market Name:		Market Contact Person:
Mailing Address:		City, State, Zip:
Market Day of Operation:		Market Hours of Operation:
Market Telephone Number:	Market Fax Number:	Market Email Address:

\* For changes to market information, please contact your local County Agricultural Commissioner to amend your Market Certificate.

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

Year \_\_\_\_\_ Quarter \_\_\_\_\_ Operational  Non-operational

QUARTER	TIME PERIOD	DELINQUENT DATE
First	January 1 through March 31	May 1
Second	April 1 through June 30	July 31
Third	July 1 through September 30	October 31
Fourth	October 1 through December 31	January 31

**C. CERTIFIED PRODUCERS:** (attach additional pages if needed)

When representing another certified producer under an additional certificate, fees must be paid for both vendors and must be cross referenced on both certificates.

Name of Certified Producer	Certificate Number	Issuing County	Dates Participated in Market this Quarter	Total
<i>Example: John Smith</i>	<i>40-124-00</i>	<i>Fresno</i>	<i>5/23, 5/30, 6/6, 6/13</i>	<i>4</i>
<b>TOTAL</b>				

**D. PRODUCERS OF NON-CERTIFIABLE AGRICULTURAL PRODUCTS:** (attach additional pages if needed)

Producers in the ag. section selling non-certifiable ag. products, in which the producer produces all ingredients aside from incidental flavorings and necessary preservatives (i.e. cheese, meat, jam, beef jerky, fish and shellfish produced under controlled conditions in waters or ponds located in California.)

No cooked foods (i.e. tamales, popcorn, hummus)

Name of Producer	Product(s) Being Sold	Dates Participated in Market this Quarter	Total
<i>Example: Fred Doe</i>	<i>Beef jerky, cheese</i>	<i>6/13, 6/20</i>	<i>2</i>
<b>TOTAL</b>			

**E. NON-AGRICULTURAL VENDING (ANCILLARY) SECTION:**

Total number of vendors participating in the non-agricultural section per market day, for the entire quarter.  
 (i.e. vendors selling: candles, crafts, bakery, pottery, soap, tamales, popcorn, hummus)

Count each vendor, each day in the quarter that they participate	<b>TOTAL</b>	
--	--------------	--

**F. TOTAL NUMBER:**

Sum of Sections C+D+E	<b>GRAND TOTAL</b>	
-----------------------	--------------------	--

**G. MARKET FEES:**

Grand Total from Section F \_\_\_\_\_ x \$2.00 = \$ \_\_\_\_\_ Quarterly Market Fee Due

<b>Quarterly Market Fee</b>	\$
<b>Monthly Interest Charge (1.5%)</b> <i>Beyond 30 days of end of quarter (Compounded Monthly)</i>	\$
<b>Late Penalty Fee (\$100 monthly)</b> <i>Beyond 60 days of end of quarter</i>	\$
<b>TOTAL Amount Due</b>	\$

**PAYABLE TO:**  
 CASHIER – CDFA Certified Farmers' Market Program 90303/85700CS065

**H. CERTIFICATION:**

I hereby certify that to the best of my knowledge and belief, this form is true and complete.

<b>PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>

## INSTRUCTIONS

### **MARKET OPERATOR/GOVERNING BODY RESPONSIBILITY**

Operator/Governing Body must complete this form and return with payment, providing all required information. Failure to complete this form in full and return with payment may result in penalties and the denial of the renewal of your market certificate.

#### **A. MARKET INFORMATION:**

If Part A is already completed, please review the information for accuracy. For needed changes to your market information, contact your local County Agricultural Commissioner. If Part A is not already completed, please fill out all requested information regarding your market.

#### **B. REPORTING QUARTER:**

Check the box to indicate if the market was operational or non-operational during the reporting quarter. If the market was non-operational during the reporting quarter, skip to Section H and print the name of the person completing this form, and sign and date.

#### **C. CERTIFIED PRODUCERS:**

Name of Certified Producer: List the name of each certified producer whose commodities are being sold within the Certified Farmers' Market, including second certificates.

Certificate Number: List each Certified Producer Certificate (CPC) number, including second certificates.

Issuing County: List the county that issued the CPC.

Dates Participated in Markets This Quarter: Enter each market date that the certified producer offered commodities for sale.

Total: Total all the dates of certified producer participation.

#### **D. PRODUCERS OF NON-CERTIFIABLE AGRICULTURAL PRODUCTS:**

Name of Producer of Non-Certifiable Agricultural Products: List the name of each non-certified producer selling product within the Certified Farmers' Market.

List of Product(s) Being Sold: List the product(s) being sold by the Non-Certified Agricultural Producer.

Dates Participated in Market This Quarter: Enter each market date that the non-certified producer offered commodities for sale.

Total: Total all the dates of non-certified producer participation.

#### **E. NON-AGRICULTURAL (ANCILLARY) SECTION:**

Total Number of Vendors in Non-agricultural Section: Write in the total number of vendors participating and selling goods in the non-agricultural section, under the authority and management of the Market Operator. Ensure this number includes every vendor selling goods each market day. *For example: If F&V Crafts participated in your market on 3 days in the quarter, and Tommy's Taco's participated in your market 1 day in the quarter, your number entered here would be 4.*

#### **F. TOTAL NUMBER:**

Total Number of Vendors: Add together total number of Section C, Section D, and Section E.

#### **G. MARKET FEES:**

Quarterly Market Fee: Multiply the GRAND TOTAL (Section F), by the market assessment fee (\$2.00). Write in the amount of the quarterly market fee.

Monthly Interest Charge: When the submitted payment is postmarked within 30 days after the end of each quarter, no interest charge is due. Any operator who fails to pay the required fee within 30 days after the end of the quarter in which it is due shall pay interest at a rate of 1½ percent, per month, on the entire unpaid balance, including any late penalty fees that may apply, until the payment has been received in full. Write in the amount of monthly interest owed. If none, enter 0.

Late Penalty Fee: When the submitted payment is postmarked within 60 days after the end of each quarter, no late penalty is due; however, a monthly interest charge may still apply. Any operator who fails to pay the required fee within 60 days after the end of the quarter in which it is due shall pay a late penalty fee of \$100 per month, until payment is received in full or the certificate expires. Write in the amount of the late penalty owed. If none, enter 0.

Total Amount Due: Enter the sum of all amounts due, including monthly interest charges and late penalties (if applicable).

#### **H. CERTIFICATION:** To certify that this form is true and complete, print the name of the person completing the form with their signature and date. Return form with payment.