

**APPLICATION/CERTIFICATE FOR CERTIFIED FARMERS' MARKET**

51-047 (Est. 10/94)

**TYPE OR PRINT**

APPLICANT IS (CHECK ONE):

Certified Producer(s)       Local Government Agency       Nonprofit Organization

NAME OF APPLICANT	BUSINESS PHONE
BUS. ADDRESS, ZIP	RESIDENCE PHONE ( )
RESIDENCE	FAX NUMBER
MARKET NAME	BUSINESS PHONE ( )
BUS. ADDRESS, ZIP	RESIDENCE PHONE ( )
MARKET MANAGER NAME	FAX NUMBER
MARKET LOCATION (include city & cross streets)	

**PLANNED SCHEDULE OF OPERATION**

MONTHS
DAYS
HOURS

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, Article 6.5 of the California Code of Regulations.

PRINTED NAME	CHECK ONE	<input checked="" type="checkbox"/> Applicant	<input type="checkbox"/> Applicant Rep.
SIGNATURE	DATE		

**FOR OFFICIAL USE ONLY**

Approved     Disapproved Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_ Certificate No. \_\_\_\_\_

AUTHORIZING OFFICER'S SIGNATURE	TITLE	DATE
	Ag Standards Biologist	

If not approved, state reasons \_\_\_\_\_

- ① 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.
- ② Map of Certified Farmers' Market location must accompany application. Show market perimeters with nearest cross streets.