

DISTRIBUTION:
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APPLICATION/CERTIFICATE FOR CERTIFIED FARMERS' MARKET TYPE OR PRINT

Certified Producer(s)		₋ocal Governme	ent Agency	□ 1	Nonprofit Organization	
NAME OF OPERATOR			9	BUSINESS PHON	•	
MAILING ADDRESS				CELL PHONE ()	
CITY ZIP				FAX NUMBER ()		
PHYSICAL ADDRESS		WEBSITE				
CITY ZIP				EMAIL ADDRESS		
MARKET NAME				BUSINESS PHON	E()	
MAILING ADDRESS		CELL PHONE ()				
CITY ZIP				FAX NUMBER ()	
MARKET MANAGER NAME				EMAIL ADDRESS		
OPERATIONAL INFORMATION		l location, days and	d hours are only va	alid as approved on th	is 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 compliance with the Direct Marketing reg Regulations.						
PRINTED NAME			CHECK ONE: APPLICANT APPLICANT REPRESENTATIVE			
SIGNATURE			DATE			
	F	OR OFFICIAL	USE ONLY			
☐ Approved ☐			Exp. Date			
Cartificata Number						
Certificate Number			-			
Approving Officer's Signature			Title		Date	
If not approved, state reason	ons:		1			
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Map of Certified Farmers' Market location must accompany application. The map shall clearly delineate the boundaries of the agricultural and non-agricultural products areas.