STATE OF CALIFORNIA
DEPARTMENT OF FOOD AND AGRICULTURE
CERTIFIED FARMERS' MARKET INSPECTION PROGRAM
51-047 (Rev 1/15)

DISTRIBUTION:
Original - Ag. Commissioner
Copy - CDFA
Copy - Applicant

APPLICATION/CERTIFICATE FOR CERTIFIED FARMERS' MARKET

TYPE OR PRINT

OPERATOR IS (CHECK ONE)

☐ Certified Producer(s) ☐ Local Government Agency ☐ Nonprofit Organization

NAME OF OPERATOR	BUSINESS PHONE (530) 467-5495
MAILING ADDRESS	CELL PHONE ( )
CITY ZIP	FAX NUMBER ( )
PHYSICAL ADDRESS	WEBSITE
CITY ZIP	EMAIL ADDRESS

MARKET NAME	BUSINESS PHONE ( )
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. The map shall clearly delineate the boundaries of the agricultural and non-agricultural products areas.