

APPLICATION/CERTIFICATE FOR CERTIFIED FARMERS' MARKET

51-047 (Rev. 5/01)

TYPE OR PRINT

APPLICANT IS (CHECK ONE)

Certified Producer(s)

Local Government Agency

Nonprofit Organization *

NAME OF APPLICANT	BUSINESS PHONE ()
MAILING ADDRESS	RESIDENCE PHONE ()
CITY ZIP	FAX NUMBER ()
RESIDENCE	OTHER NUMBER ()
CITY ZIP	EMAIL ADDRESS

MARKET NAME **	BUSINESS PHONE ()
MAILING ADDRESS	RESIDENCE PHONE ()
CITY ZIP	FAX NUMBER ()
MARKET MANAGER NAME	EMAL ADDRESS

MARKET LOCATION (Include City and Cross Streets)		
CITY	ZIP	COUNTY

PLANNED SCHEDULE OF OPERATION

MONTHS TO	DAYS
HOURS TO	EST. # OF PRODUCER STALLS PER QUARTER

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: APPLICANT APPLICANT REPRESENTATIVE

SIGNATURE _____

DATE _____

FOR OFFICIAL USE ONLY		
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Issue Date: _____ Exp. Date _____
Certificate Number _____		
Approving Officer's Signature	Title	Date
_____	_____	_____
If not approved, state reasons: _____		

* 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

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