

SAN BERNARDINO COUNTY DEPT. OF AGRICULTURE
777 E. RIALTO AVE., SAN BERNARDINO, CA 92415-0720

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(800) 734-9459
FAX# (909) 387-2449

DATE: _____

CA DEPT OF FOOD & AGRICULTURE
FRUIT, VEGETABLE AND EGG QUALITY CONTROL

FEE: **\$330.00**

RECEIPT: _____

APPLICATION FOR CERTIFIED FARMERS' MARKET

Certified Producer

Local Government Agency

Nonprofit Organization ①

NAME OF APPLICANT	BUSINESS PHONE NUMBER ()
MAILING ADDRESS	FAX NUMBER ()
RESIDENCE ADDRESS	RESIDENCE PHONE NUMBER ()
EMAIL ADDRESS:	WEBSITE:

MARKET NAME ②	BUSINESS PHONE NUMBER ()
MAILING ADDRESS (If different from above)	FAX NUMBER ()
MARKET MANAGER'S NAME(S)	CELL PHONE NUMBER ()

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	
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 Farmer's 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 _____

SIGNATURE _____

CHECK ONE: APPLICANT
 APPLICANT REPRESENTATIVE

DATE _____

- ① Letter of exemption issued by Franchise Tax Board, or Article 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. The map shall clearly delineate the boundaries of the agricultural and non-agricultural products areas.

Approved Disapproved Issue Date _____ Exp. Date _____ Certificate No. _____

AUTHORIZING OFFICER'S SIGNATURE _____ TITLE _____ DATE _____

If not approved, state reasons:
