

**SAN BERNARDINO COUNTY AGRICULTURAL COMMISSIONER**  
**777 E. RIALTO AVENUE, SAN BERNARDINO, CA 92415-0720**  
**TELEPHONE (909) 387-2105 • TOLL FREE (800) 734-9459 • FAX (909) 387-2449**



Revised fee schedule in effect July 1, 2017  
 Fees: \$100.00 hour, one hour minimum, 1/2 hour increments  
 Make checks payable to: **San Bernardino County Agriculture**

|                                                        |             |        |
|--------------------------------------------------------|-------------|--------|
| NAME(S) OF APPLICANT(S):                               |             |        |
| DOING BUSINESS AS (DBA):                               |             |        |
| MAILING ADDRESS OF BUSINESS:                           |             |        |
| CITY AND ZIP:                                          |             |        |
| BUSINESS PHONE:                                        | CELL PHONE: | EMAIL: |
| CURRENT CERTIFICATE NO. (FOR RENEWALS AND AMENDMENTS): |             |        |

|                       |                       |
|-----------------------|-----------------------|
| PRODUCTION SITE 1:    | PRODUCTION SITE 2:    |
| PRODUCTION SITE 3:    | PRODUCTION SITE 4:    |
| STORAGE LOCATION (A): | STORAGE LOCATION (B): |

| SITE # | COMMODITY (Produce Grown) | VARIETY/TYPE of Produce | AMOUNT/UNIT GROWN | ESTIMATED PRODUCTION | HARVEST SEASON (MM/DD – MM/DD) | SEASON ALTERING DEVICE (Y/N) | MONTHS IN STORAGE |
|--------|---------------------------|-------------------------|-------------------|----------------------|--------------------------------|------------------------------|-------------------|
|        |                           |                         |                   |                      |                                |                              |                   |
|        |                           |                         |                   |                      |                                |                              |                   |
|        |                           |                         |                   |                      |                                |                              |                   |
|        |                           |                         |                   |                      |                                |                              |                   |
|        |                           |                         |                   |                      |                                |                              |                   |
|        |                           |                         |                   |                      |                                |                              |                   |

**AUTHORIZED COUNTY(IES) - transporting products into another county for the purpose of selling at a certified farmers' market within that county is permitted only in the authorized counties listed on this certificate.**

| Name(s) of the Producer(s) that this Certificate Holder May Sell FOR: | Certificate Number/ Exp. Date | Issuing County | Name(s) of the Producer(s) Authorized to SELL this Certificate Holder's Product: | Certificate Number/ Exp. Date | Issuing County |
|-----------------------------------------------------------------------|-------------------------------|----------------|----------------------------------------------------------------------------------|-------------------------------|----------------|
|                                                                       |                               |                |                                                                                  |                               |                |
|                                                                       |                               |                |                                                                                  |                               |                |

I have reviewed this certificate and certify that the information provided is true and correct. I further certify that I am knowledgeable and intend to produce in accordance with good agricultural practices as published by the department. See <http://www.cdfa.ca.gov/is/i & c/cfm.html> for copy of guidelines. I am aware I must also comply with any other local, state or federal laws. I understand that violations of these regulations may subject me to criminal and/or civil penalties, including fines, suspension and/or revocation of this Certificate and/or my privilege to participate in certified farmers' markets.

\_\_\_\_\_

Applicant's printed name & signature

\_\_\_\_\_

Date signed

**FOR OFFICIAL USE ONLY**

NEW APPLICATION

RENEWAL       AMENDMENT

CERTIFICATE NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

COUNTY FEE: \_\_\_\_\_

RECEIPT NO.: \_\_\_\_\_

DATE PAID: \_\_\_\_\_

NO. OF EMBOSSED COPIES REQUESTED: \_\_\_\_\_

VERIFYING OFFICER: \_\_\_\_\_

DATE VERIFIED: \_\_\_\_\_