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 2, 2015
Fees: $60.00 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 CERTIFCATE 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: