



STATE OF CALIFORNIA
 DEPARTMENT OF FOOD AND AGRICULTURE
 INSPECTION & COMPLIANCE BRANCH
 DIRECT MARKETING PROGRAM

**Certified Farmers' Market Remittance Form
 51-064 (Rev. 04/2022)**

A: MARKET INFORMATION:

Market Operator:	Certificate Number:
Market Name:	Market Contact Person:
Mailing Address:	City, State, Zip:
Day of Operation:	Hours of Operation:
Phone Number:	Fax Number:
Email:	CDFAs App ID:

B: REPORTING QUARTER:

Year: _____ Quarter: _____ Operational Non-operational

Quarter	Time Period	Delinquent Date
First	January 1 – March 31	May 1
Second	April 1 – June 30	July 31
Third	July 1 – September 30	October 31
Fourth	October 1 – December 31	January 31

C: CERTIFIED PRODUCERS: (attach additional pages if needed)

Name of Certified Producer	Certificate Number	Issuing County	Dates Participated in Market this Quarter	Total
Total				

D: PRODUCERS OF NON-CERTIFIABLE AGRICULTURAL PRODUCTS:

(attach additional pages if needed)

Name of Producer	Product(s) Being Sold	Dates Participated in Market this Quarter	Total
Total			

E: NON-AGRICULTURAL VENDING (ANCILLARY) SECTION:

Count each vendor, each day in the quarter that they participated Total

F: TOTAL NUMBER:

Sum of Sections C + D + E Grand Total

G: MARKET FEES:

Grand Total from Section F _____ X \$2.00 = \$ _____ Quarterly Market Fee Due

Quarterly Market Fee	\$
Monthly Interest Charge (1.5%) Beyond 30 days of end of quarter (Compounded Monthly)	\$
Late Penalty Fee (\$100 monthly) Beyond 60 days of end of quarter	\$
Total Amount Due	\$

SEND PAYMENT AND COMPLETED FORM TO:

Cashier – CDFA Certified Farmers’ Market Program 414
PO Box 942875, Sacramento, CA 94271-2875

H: CERTIFICATION:

I hereby certify that to the best of my knowledge and belief, this form is true and complete.

Print Name Signature Date