

## CERTIFIED FARMERS' MARKET APPLICATION/CERTIFICATE

Name of Market \_\_\_\_\_

### OPERATIONAL INFORMATION

*Operational location, days and hours are only valid as approved on this certificate.*

Market Location (Include Cross Streets) \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Operational Months (or Year-Round) \_\_\_\_\_ Day(s) of the Week \_\_\_\_\_

Hours of Operation \_\_\_\_\_ Estimated # of Vendors (per Market Day) \_\_\_\_\_

### CERTIFICATION

I hereby certify that the information provided on this application is true and that the certified farmers' market will be operated in compliance with Direct Marketing regulations as provided in Title 3, Division 3, Chapter 1, Subchapter 4, Article 6.5 of the California Code of Regulations.

Signature \_\_\_\_\_

Applicant's Name (Print or Type) \_\_\_\_\_ Date \_\_\_\_\_

Applicant       Applicant's Authorized Representative

### FOR OFFICIAL USE ONLY

County Agricultural Commissioner's Signature (or Commissioner's Enforcing Officer) \_\_\_\_\_

Signatory's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

## MARKET OPERATOR INFORMATION

**CHECK ONE:**

Certified Producer                       Local Government Agency                       Nonprofit Organization

\_\_\_\_\_  
Name of Market Operator (Certified Producer (including CPC # and exp. date), Gov't Agency or Nonprofit)

\_\_\_\_\_  
Market Operator's Authorized Representative (Required for Gov't Agency or Nonprofit)<sup>i</sup>

\_\_\_\_\_  
Market Operator's Agent for Service of Process<sup>ii</sup>

\_\_\_\_\_  
Market Operator Mailing Address                      City                      State                      Zip Code

\_\_\_\_\_  
Market Operator Physical Address                      City                      State                      Zip Code

(\_\_\_\_) \_\_\_\_\_                      (\_\_\_\_) \_\_\_\_\_  
Phone Number                      Fax Number                      Email                      Website Address

## MARKET MANAGER INFORMATION

\_\_\_\_\_  
Name of Market Manager

\_\_\_\_\_  
Market/Remittance Form Mailing Address                      City                      State                      Zip Code

(\_\_\_\_) \_\_\_\_\_                      (\_\_\_\_) \_\_\_\_\_  
Phone Number                      Fax Number                      Email

<sup>i</sup> The market operator's authorized representative is a person under the authority and management of the market operator who is designated to conduct business on the operator's behalf.

<sup>ii</sup> An agent for service of process is an individual designated to accept service of process (documents) on your behalf.

This application must include:

- A map that clearly locates and identifies the defined marketing area where only agricultural products may be sold
- Documentation of qualification to operate a certified farmers' market