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):

<table>
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<tr>
<th>SITE #</th>
<th>COMMODITY (Produce Grown)</th>
<th>VARIETY/TYPe of Produce</th>
<th>AMOUNT/UNIT GROWN</th>
<th>HARVEST SEASON (MM/DD-MM/DD)</th>
<th>ESTIMATED PRODUCTION</th>
<th>SEASON ALTERING DEVICE (Y/N)</th>
<th>MONTHS IN STORAGE</th>
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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/efm.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:

Page 1 of Please attach supplemental application pages as needed