

SAN BERNARDINO COUNTY DEPT. OF AGRICULTURE  
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DATE: \_\_\_\_\_

STATE OF CALIFORNIA DEPT. OF FOOD & AGRICULTURE  
INSPECTION & COMPLIANCE BRANCH  
DIRECT MARKETING PROGRAM

FEE: **\$364.42**

RECEIPT: \_\_\_\_\_

APPLICATION FOR CERTIFIED FARMERS' MARKET

Certified Producer

Local Government Agency

Nonprofit Organization ①

NAME OF MARKET OPERATOR (Certified Producer, Governmental Agency or Nonprofit)	BUSINESS PHONE NUMBER ( )
MARKET OPERATOR'S AUTHORIZED REPRESENTATIVE (Required for Government Agency or Nonprofit) *	
MARKET OPERATOR'S AGENT FOR SERVICE OF PROCESS**	
MAILING ADDRESS	FAX NUMBER ( )
RESIDENCE ADDRESS	RESIDENCE PHONE NUMBER ( )
EMAIL ADDRESS:	WEBSITE:

MARKET NAME ②	BUSINESS PHONE NUMBER ( )
MAILING ADDRESS (If different from above)	FAX NUMBER ( )
MARKET MANAGER'S NAME(S)	CELL PHONE NUMBER ( )

OPERATIONAL INFORMATION

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

MARKET LOCATION (Include City, Zip Code, and Cross Streets)	
MONTHS TO	DAYS
HOURS TO	EST. # OF VENDORS PER MARKET DAY
MONTHS TO	DAYS
HOURS TO	EST. # OF VENDORS PER MARKET DAY

As the applicant, I hereby certify that the information provided on this application is true and that the Certified Farmer's Market will be operated in compliance with the Direct Marketing Regulations as provided in Title 3, Chapter 3, Group 4, Article 6.5 of the California Code of Regulations.

PRINTED NAME \_\_\_\_\_

CHECK ONE:  APPLICANT

SIGNATURE \_\_\_\_\_

APPLICANT REPRESENTATIVE

DATE \_\_\_\_\_

① Letter of exemption issued by Franchise Tax Board, or Article of Incorporation certified by the Secretary of State, or Certified Producer Association Constitution and By Laws must accompany application.

② Map of Certified Farmers' Market location must accompany application. The map shall clearly delineate the boundaries of the agricultural and non-agricultural products areas.

\* 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.

\*\* An agent of service of process is an individual designated to accept service of process (documents) on your behalf.

Approved  Disapproved Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_ Certificate No. \_\_\_\_\_

AUTHORIZING OFFICER'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

If not approved, state reasons: