



2425 Reedie Drive, 7th Floor
Wheaton, MD 20902
240-777-0311
montgomerycountymd.gov/dps

Agricultural Producer Certificate

Applicant/Contact

DATE : _____ License No. _____ Contact ID: _____
Office Use Only Office Use Only

APPLICANT'S NAME: _____
LAST NAME FIRST NAME

MAILING ADDRESS: _____

ORGANIZATION: _____

DAY PHONE: _____ EVENING PHONE: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

IN COUNTY: _____ OUT OF COUNTY: _____

Please Identify Products Sold: _____

In County Certificate Fee: \$81.00; Out of County Certificate: \$156.00;
Make check payable to Montgomery County, Maryland

PRINT APPLICANTS NAME APPLICANT'S SIGNATURE DATE

**SURVEY FOR CERTIFIED AGRICULTURAL PRODUCERS
(CAP TO Sell in Montgomery County)
PLEASE TYPE OR PRINT**

To receive a Certification as an Agricultural Producer, you must complete the survey below and the attached application. This information will be submitted to the Montgomery County Department of Permitting Services in order for the applicant to be approved as a Certified Agricultural Producer to sell the following items in the PUBLIC RIGHT OF WAY: regionally grown fresh fruits, vegetables, herbs, cut flowers, small trees, and plants; and non potentially hazardous prepackaged goods and eggs with Montgomery County Health Department approval (for more information or to receive a Health Department application please call 240-777-3986).

Your Name: _____

Farm Name: _____

Address of Farm: _____

Acreage of which you grow produce: _____
OWNED LEASED

Do you grow produce from leased land: YES NO

If yes, give locations(s): _____

Do you grow agricultural products on a rotational basis: YES NO

If Yes, indicate the types of products and your estimate yields: _____

Please list all products you will sell at the proposed sited:

Locations where you wish to sell in Montgomery County:

Do you plan to sell Health Department approved food products: YES NO

If Yes, list items: _____

Agricultural Producer's Signature: _____
(I hereby certify that all information indicated on
this survey is true and accurate to the best of
my knowledge.)

FOR OFFICE USE ONLY

Inspection Agent Name: _____

Inspection Agent Organization: _____

Phone No. () - E-mail Address: _____

Inspection Agent's Signature: _____

Department of Permitting Services Signature: _____

IF YOU HAVE ANY QUESTIONS PLEASE CALL (240) 777-0311
