



**Commercial Farm Certification Form**  
(For Right to Farm matters)

**CERTIFICATION OF:**

Name of commercial farm owner/operator: \_\_\_\_\_

Name of commercial farm: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Telephone number(s): \_\_\_\_\_

Email: \_\_\_\_\_

**Identification of farm management unit:**

Municipality	Block	Lot	Acres	Product/operation	Start date

Farm address (if different from mailing address): \_\_\_\_\_

\_\_\_\_\_

**I, \_\_\_\_\_, hereby certify the following:**  
(name of commercial farm operator)

1. I am (one of) the owner(s)/operator(s) of \_\_\_\_\_.  
(name of commercial farm)

2. The nature of my operation or practice is as follows (**describe the farm operation in detail and all agricultural activities conducted on the property; use additional sheets if necessary**):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. The commercial farm produces the following agricultural/horticultural commodities **(please provide a list)**:

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4. I certify that \_\_\_\_\_ is five acres or more, produces  
(name of commercial farm)

agricultural and/or horticultural products worth \$2,500 or more annually, and is eligible for differential property taxation pursuant to the Farmland Assessment Act of 1964. **If the land is farmland assessed, I have attached a copy of the filed farmland assessment form(s). If land is not farmland assessed, I have attached a copy of the tax map representing the farm acreage.**

*(or, in the alternative if the commercial farm is less than five acres)*

I certify that \_\_\_\_\_ is less than five acres, produces

(name of commercial farm)

agricultural/horticultural products worth \$50,000 or more annually and otherwise satisfies the eligibility criteria for differential property taxation pursuant to the Farmland Assessment Act of 1964. **I have attached a copy of the tax map representing the farm acreage.**

*(or, in the alternative if the commercial farm is a beekeeping operation)*

I certify that \_\_\_\_\_ is a beekeeping operation  
(name of commercial farm)

that produces honey or other agricultural or horticultural apiary-related products, or provides crop pollination services, worth \$10,000 or more annually.

5. **I have attached proof that the farm (check one and attach proof):**

Produces agricultural and/or horticultural products worth \$2,500 or more annually (if the farm is five acres or more)

**OR**

Produces agricultural/horticultural products worth \$50,000 or more annually (if the farm is less than five acres)

**OR**

Is a beekeeping operation that produces honey or other agricultural or horticultural apiary-related products, or provides crop pollination services, worth \$10,000 or more annually

6. **I have attached proof that the farm (check one and attach proof):**

Is located in an area in which, as of December 31, 1997 or thereafter, agriculture has been a permitted use under the municipal zoning ordinance and is consistent with the municipal master plan,

**OR**

Was in operation as of July 2, 1998.

7. To the best of my knowledge and belief, my agricultural operation is in compliance with all relevant federal and State statutes, rules and regulations.

8. I understand that the SADC may require that I submit additional information, and I agree to provide such information. I also understand and agree that my failure to provide requested information to the SADC may result in the denial of commercial farm eligibility.

I understand that the SADC will forward a copy of its written findings and recommendations the commercial farm owner and the commercial farm operator, if applicable; the aggrieved person if the matter involves a complaint pursuant to N.J.S.A. 4:1C-10.1 and N.J.A.C. 2:76-2.7; the municipality(ies) in which the commercial farm is located; the CADB, if applicable, and any other individuals or organizations deemed appropriate by the SADC.

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**Signature**

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**Date**