

Macungie Farmers Market, 21 Locust Street, Macungie PA 18062
Associate Vendor Form

Market Vendor selling the product _____

Associate Vendor _____

Address _____

City, State and Zip Code _____

Proof of Liability with a minimum of \$500,000 in liability insurance is required from the Associate vendor or the Market vendor covering the Associate vendor. The Certificate of Insurance must list **(1)** Macungie Memorial Park, 50 N. Poplar Street, Macungie, PA 18062 and **(2)** the Borough of Macungie, 21 Locust Street, Macungie, PA, 18062, as additional insured must be received before the Associated Vendor's products are sold at the market. Mail the Certificate to Macungie Borough, 21 Locust Street, Macungie, PA 18062, or fax it to 610-966-2788.

Products selling from Associate Vendor: