

2020 Membership Application

Macungie Farmers Market
21 Locust Street, Macungie PA 18062

Your Name(s) _____

Farm or Business Name _____

Address _____

City, State and Zip Code _____

Primary Phone _____ FAX _____

Cell Phone _____ E-Mail _____

Market Dates for 2020 are every Thursday, rain or shine, May 21 through October 29, 2020.
Hours are 4:00 to 7:00 pm or dusk (whichever comes first)

☐ **Vendor Site fee: \$200** (greater than 10 weeks)

☐ **Deposit: \$100** (in addition to Vendor Site fee for New Vendors and Returning Vendors not in good standing)

☐ **Vendor Site fee: \$125** (10 weeks or less)

(Payable to "Macungie Borough Farmers Market")

I expect to be there all season ☐ Yes ☐ No If no, fill in dates below.

Expected start date _____

Expected stop date _____

Payment must accompany application. There is no guarantee of acceptance into the market. New Applications are voted on by the Macungie Farmers Market Advisory Board. Should an application be rejected, fee is fully refundable.

Please describe the vehicle(s) and awnings you will be using at the market. Give the length and width of your truck, van, car, trailer and awnings. _____

☐ **Proof of liability insurance.** Insurance Company _____

All vendors are required to carry a minimum of \$500,000 in liability insurance. A Certificate of Insurance listing (1) Macungie Memorial Park, 50 N. Poplar Street, Macungie, PA 18062 and the Macungie Farmers Market, 21 Locust Street, Macungie, PA 18062 as additional insured must be received before vendors will be allowed to set up at the market.

Mail both Certificates to Macungie Borough, 21 Locust Street, Macungie, PA 18062, or fax it to 610-966-2788.

[] **Organic Growers.** Attach a copy of your current organic certificate.

[] **Proof of Certified Kitchen.** Attach a copy of your state certificate if you are a prepared foods vendor.

[] **Associate Vendor form.** Complete and attach an Associate Vendor form if selling other local farmer's product. Proof of Liability 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.

Vendor Compliance

I (we), the undersigned, have received, read and understand the bylaws of the Macungie Farmers Market and do hereby agree to abide by said bylaws and the direction of the Market Committee.

I (we) fully understand that the Macungie Farmers Market is a local grower/producer market and that reselling of any items not grown or produced by the vendor is expressly prohibited and is grounds for expulsion from the market without prior approval from the committee. In the event a charge of reselling is lodged against me (us), I (we) agree to submit to an on-farm inspection by an independent third party.

I (we) further agree to operate my (our) stall and to pay all applicable fees in a timely fashion, as set out in the bylaws.

I (we) further understand that failure to comply with the bylaws of the Macungie Farmers' Market could result in expulsion from the market.

Print Name

Signature

Date

_____	_____	_____
_____	_____	_____
_____	_____	_____

Products you would like to sell: Please be specific and list all items for consideration. Include all kinds of produce, nursery stock, flowers, prepared foods, processed foods, baked goods, crafts, etc. (Use an additional sheet, if necessary)

If products listed are not from your farm, please attach an associate vendor form. Products you sell must be 75% of your own grown/produced product.

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: