



Windber Municipal Authority
Market in the Park
2025 Vendor Information



****Please Print Legibly****

Vendor Name: _____

Business Name: _____

Type of Products: _____

State Licenses/Certifications* (If exempt, please list basis for exemption): _____

Telephone: _____ Email: _____

Website: _____

Address: _____

Emergency Contact: _____ Relation: _____

Emergency Contact Phone Number: _____

Do you have Business Insurance? ____ If Yes, please provide Company Name _____

How many 10' x 10' spaces do you need? _____

Do you need electricity at your space? _____

*** Vendors must include a copy of their applicable State License or Certification with this form**

***All Vendors selling prepared food products, must be registered with the PA Dept. of Agriculture.**

This market is a **make it, bake it, or grow it** venture. Please abide by this rule when selling your items.

I hereby certify that the above information is true and correct.

Vendor Signature: _____ Date: _____