

Macungie Farmers Market, 6034 Hamilton Blvd, PMB 121, Allentown PA 18106

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 Farmers Market, 6034 Hamilton Blvd, PMB 121, Allentown PA 18106 **(2)** Macungie Memorial Park, 50 N. Poplar Street, Macungie, PA, 18062, as an additional insured must be received before vendors will be allowed to set up at the market.

Mail application with payment and insurance certificates to Macungie Farmers Market, 6034 Hamilton Blvd, PMB 121, Allentown, PA 18106.

Products selling from Associate Vendor: