

Macungie Farmers Market, 6034 Hamilton Blvd, PMB 121, Allentown PA 19106

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 19106 **(2)** Macungie Memorial Park, 50 N. Poplar Street, Macungie, PA 18062 **(3)** Macungie Borough, 21 Locust Street, Macungie, PA 18062, as additional insured must be received before vendors will be allowed to set up at the market. **Mail all Certificate to Macungie Farmers Market, 6034 Hamilton Blvd, PMB 121, Allentown PA 19106, or email to: terryblr@aol.com**

Products selling from Associate Vendor: