

2016 Downtown Hazleton Farmer's Market Application

Fridays 10 a.m. to 2 p.m. on sidewalks Downtown Hazleton

Business Name: _____

Name: _____

Address: _____

Telephone(primary): _____ Cell phone: _____

Email Address: _____ Fax: _____

Products to be sold: _____

Products to be sold from outside farm: _____

If not from your farm, where did products originate? _____

Approx. area you will need (standard area 10'x20') _____

Season start date: July 15, 2016 _____ Season end date: Sep 2, 2016 _____

(Every Friday from 10 a.m. to 2 p.m.)

Vendor Fee Paid (\$50 per space)*(office use) _____ Date Paid _____

***See attached Business License Application from the City of Hazleton**

Proof of Vendor Insurance Received**(office use): Yes _____ No _____

****Proof of insurance is required prior to participating**

Guidelines Received(for office use): Yes _____ No _____

I understand by signing this document that I have read and understand the guidelines and agree to abide by them:

Signature: _____

Return completed form to:

Greater Hazleton Chamber of Commerce

20 W. Broad Street

Hazleton, PA 18201

Questions: 570-455-1509 Fax: 570-450-2013