

Jackson Township
Farmers' Market Vendor Application

Farm/ Business Name: _____

Owner(s) Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Business Phone: _____ Mobile Phone: _____

Website: _____ Email: _____

Type of Product(s) Being Sold:

- | | |
|--|--|
| <input type="checkbox"/> Fresh unprocessed fruits or vegetables | <input type="checkbox"/> Baked Goods(specify)_____ |
| <input type="checkbox"/> Herbs | <input type="checkbox"/> Plants/Flowers |
| <input type="checkbox"/> Maple syrup, sorghum, or honey | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Preserves, pickles, relishes, jams, jellies | |

The vendor fee is \$10 per space per weekly market or \$75 per space for the entire market season. Fees are payable at the time application is made. Make checks payable to Jackson Township. Vendor fees are non-refundable. A permit will be mailed to you.

Please check below the date(s) you will sell at the Market.

<input type="checkbox"/> July 15	<input type="checkbox"/> August 19	<input type="checkbox"/> September 23	No. of Markets: _____
<input type="checkbox"/> July 22	<input type="checkbox"/> August 26	<input type="checkbox"/> September 30	
<input type="checkbox"/> July 29	<input type="checkbox"/> September 2	<input type="checkbox"/> October 7	Amount enclosed: _____
<input type="checkbox"/> August 5	<input type="checkbox"/> September 9	<input type="checkbox"/> October 14	
<input type="checkbox"/> August 12	<input type="checkbox"/> September 16	<input type="checkbox"/> ALL	

I, with the intention of binding myself, my spouse, my heirs, my legal representatives and my assigns, voluntarily, knowingly and expressly release of the Board of Trustees of Jackson Township, Stark County, Ohio or any member or employee thereof from all claims, demands, actions, judgments and executions that I now have or may have or that anyone claiming through me may have or claim to have against the Board of Trustees of Jackson Township, Stark County, Ohio or any member or employee thereof, created by or arising of my participation in the Farmers' Market offered in the Jackson Township Parks.

I have read and understand the rules and regulations for Jackson Township Farmers' Market.

Applicant:

Printed Name

Signature

Date

Return application and payment to Jackson Township Farmers' Market
5735 Wales Ave. N.W. Massillon, Ohio 44646