

Jackson Township

2020 Farmers Market Vendor Application

Farm/ Business Name: _____

Owner(s) Contact Name: _____

Mailing Address: _____

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

Business Phone: _____ Mobile Phone: _____

Website: _____ Email: _____

What type of vehicle will be parked at your space? (car, van, box truck, trailer) _____

Do you accept a senior discount or WIC program vouchers? _____

Type of Product(s) Being Sold:

- | | | |
|--|---|--|
| <input type="checkbox"/> Fresh unprocessed fruits or vegetables | <input type="checkbox"/> Herbs | <input type="checkbox"/> Baked Goods(specify) _____ |
| <input type="checkbox"/> Maple syrup, sorghum, or honey | <input type="checkbox"/> Plants/Flowers | Our business is a: |
| <input type="checkbox"/> Preserves, pickles, relishes, jams, jellies | <input type="checkbox"/> Frozen meat, poultry or fish | <input type="checkbox"/> Licensed Commercial Bakery |
| <input type="checkbox"/> Eggs or food items requiring refrigeration | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Licensed Home Bakery |
| | | <input type="checkbox"/> Cottage Food Production Operation |

The vendor fee is a \$25 annual registration fee and \$15 per space per weekly market. A second space is \$5 per space per weekly market. 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 2	<input type="checkbox"/> July 30	<input type="checkbox"/> August 27	<input type="checkbox"/> September 24
<input type="checkbox"/> July 9	<input type="checkbox"/> August 6	<input type="checkbox"/> September 3	<input type="checkbox"/> October 1
<input type="checkbox"/> July 16	<input type="checkbox"/> August 13	<input type="checkbox"/> September 10	<input type="checkbox"/> ALL
<input type="checkbox"/> July 23	<input type="checkbox"/> August 20	<input type="checkbox"/> September 17	

Registration Fee: \$ 25.00

\$15 for 1 space x No. of Markets _____ = \$ _____

\$20 for 2 spaces x No. of Markets _____ = \$ _____

Total = \$ _____

NO CHARGE for vendors participating in the 2020 Vendor Incentive Program

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 from my participation in the Farmers Market offered in the Jackson Township Parks.

Non-compliance with Vendor Incentive Program guidelines may result in full assessment of all Market fees.

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**