



# 2025 Jackson Township Farmers Market Vendor Application

Application Deadline – June 6, 2025

Farm / Business Name: \_\_\_\_\_

Owner(s) / Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

What type of vehicle will be parked in your space? (Car, Van, Box Truck, Trailer) \_\_\_\_\_

Each space is 12' x 12' – please specify the number of spaces needed: \_\_\_\_\_

## Dates

*Check all dates that you are interested in attending the market.*

*\*All markets are on Thursdays from 3:00 p.m. to -6:00 p.m.\**

<input type="checkbox"/>	July 10	<input type="checkbox"/>	July 31	<input type="checkbox"/>	August 21	<input type="checkbox"/>	September 11	<input type="checkbox"/>	All Markets
<input type="checkbox"/>	July 17	<input type="checkbox"/>	August 7	<input type="checkbox"/>	August 28	<input type="checkbox"/>	September 18	<input type="checkbox"/>	
<input type="checkbox"/>	July 24	<input type="checkbox"/>	August 14	<input type="checkbox"/>	September 4	<input type="checkbox"/>	September 25	<input type="checkbox"/>	

The vendor fee is a \$25 annual registration fee and \$15 per space per weekly market. A second space is \$10 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.

**THERE IS NO CHARGE FOR VENDORS PARTICIPATING IN THE 2025 VENDOR INCENTIVE PROGRAM**

Please refer to the 2025 Jackson Township Farmers Market Rules & Regulations for complete VIP Program Information.

Vendor Annual Registration Fee: = \$25  
 \$15 for 1 space x number of markets      x = \_\_\_\_\_  
 \$25 for 2 spaces x number of markets      x = \_\_\_\_\_  
**Total due for 2025:**      \$ \_\_\_\_\_

## Product Descriptions:

*Choose all descriptions that best describes your line of products:*

<input type="checkbox"/>	Antibiotic Free	<input type="checkbox"/>	Cottage Food	<input type="checkbox"/>	Pasture Raised	<input type="checkbox"/>	Non GMO
<input type="checkbox"/>	Hormone Free	<input type="checkbox"/>	Licensed Home Bakery	<input type="checkbox"/>	Locally Sourced	<input type="checkbox"/>	Corn-Finished
<input type="checkbox"/>	Certified Organic	<input type="checkbox"/>	Commercial Bakery	<input type="checkbox"/>	All Natural	<input type="checkbox"/>	Grass Fed
<input type="checkbox"/>	Free Range	<input type="checkbox"/>	Certified Naturally Grown	<input type="checkbox"/>	Sustainable	<input type="checkbox"/>	Other:

**Please mark which products you intend to sell:**

Please note that if you wish to sell any goods that do not appear in the list below, those items must first be cleared with Jackson Township Administration before being sold at the Jackson Township Farmers Market. **Non-food items such as jewelry, housewares and clothing will not be permitted to be sold at the Jackson Township Farmers Market.**

Baked Goods	Fresh Fruits
Homemade Body Care Products	Fresh Vegetables
Candy	Frozen Meats
Coffee	Herbs
Fresh Cut Flowers	Honey
Jams & Jellies	Pickles
Live plants	Preserves
Maple Syrup	Relish
Mushrooms	Soaps
Nuts	Sorghum
Homemade Pet Treats / Products	Tea

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.

**I have read, understand, and will abide by the rules and regulations for the Jackson Township Farmers Market.**

**Applicant:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return application, payment, and your proof of insurance to:**

**Jackson Township Farmers Market  
Attn: Tyler Kerchner  
5735 Wales Ave. NW  
Massillon, Ohio 44646**

**Market Contacts**

Chylece Head  
thead@jacksontwp.com  
234-258-5003

Tyler Kerchner  
[tkerchner@jacksontwp.com](mailto:tkerchner@jacksontwp.com)  
330-832-7416