

**JACKSON TOWNSHIP ZONING AND PLANNING DEPARTMENT**

**SPECIAL EVENT VENDOR PERMIT APPLICATION**

For Vendors attending special events such as fairs or festivals within Jackson Township

One application may be submitted for multiple events within 90 days of each other.

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**#1 EVENT**

Property Owner of event location: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Event Name: \_\_\_\_\_

Address of event: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Section No: \_\_\_\_\_

Type of Product to be sold or distributed: \_\_\_\_\_

Dates of Event: \_\_\_\_\_

Event Coordinator: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**#2 EVENT**

Property Owner of event location: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Event Name: \_\_\_\_\_

Address of event: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Section No: \_\_\_\_\_

Type of Product to be sold or distributed: \_\_\_\_\_

Dates of Event: \_\_\_\_\_

Event Coordinator: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

Fee: \$30.00 However, there will be no charge for the vendor permit for business that are within the township and have current certificate of compliance permits.

Date Fee Paid: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

**Applications shall be submitted with the following information, as applicable:**

1. List of those who will be vending products, in addition to applicant if applicable, including full name, address and phone number.
2. Copy of current food vendor license, if applicable.

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