

**FOOD**

Booths

Plugs

Booth Number(s)

Cash  Card  Check MO

Amount: \_\_\_\_\_

**For OFFICE use ONLY!**

Application received: \_\_\_\_\_ Insurance OR Certifications:



**44<sup>th</sup> Annual Franklin County Watermelon Festival | Russellville, Alabama**  
August 15 – 16, 2025

Business Name						
Primary Contact Name						
Email						
Mailing Address				Phone		
City				State		Zip
Liability Insurance Carrier						
Description of menu items to be SOLD (example: burgers, funnel cakes, lemonade, etc.)						
Prices of Items to be SOLD: High \$                      Low \$                      Average \$						
If you were a vendor last year, would you like the same booth?    Yes      No						
Will your booth contain an enclosed trailer?    Yes      No						
Length of Trailer (including hitch):						
Which side of trailer is the operating window?    Driver      Passenger						
<b>Trailer including hitch MUST FIT within your booth (if longer than 12 ft., you WILL be charged for an additional booth.)</b>						

<b>HEART of the Festival Food Booth</b>			
<i>*HEART of the Festival booths located near Entertainment</i>			
<b>ALL Booths are 12 ft x 12 ft</b>			
ONE electrical plug included with first FOOD booth			
One <b>VETERAN BOOTH</b>   available until 4/25/25   After 4/25/25 BOOTH will be made available to all vendors	\$550	<input type="checkbox"/>	=
Each additional (adjoining) BOOTH	\$300	<input checked="" type="checkbox"/>	=
Alabama Department of Public Health Permit Fee*   ADPH app required	\$30	<input type="checkbox"/>	= \$30
Specify by selecting which included &/or additional electrical plug needed. Price per additional plug.	\$30	<input checked="" type="checkbox"/>	=
110 volt   20 amp    220 volt   50 amp			

<b>Food Booth (12 ft x 12 ft)</b>			
ONE electrical plug included with first FOOD booth			
One BOOTH Early Bird by 5/9/25	\$450	<input type="checkbox"/>	=
One BOOTH after 5/9/25 & until	\$500	<input type="checkbox"/>	=
<b>LATE FEE after 6/13/25</b>	\$100	<input type="checkbox"/>	=
Each additional (adjoining) BOOTH	\$200	<input checked="" type="checkbox"/>	=
Alabama Department of Public Health Permit Fee*   ADPH app required	\$30	<input type="checkbox"/>	= \$30
Specify by selecting which included &/or additional electrical plug needed. Price per additional plug.	\$30	<input checked="" type="checkbox"/>	=
110 volt   20 amp    220 volt   50 amp			

**TOTAL DUE**

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**No generators allowed! \*\*\*Be prepared for your assigned PLUG to be at least 75 – 100 feet from your booth.**

**No FULL refunds** will be issued once your application has been processed. A written request for cancellation received by July 15, 2025, will be accepted for a 50% refund. Vendors are responsible for all taxes and fees associated with their activities at the festival. This includes but is not limited to license fees, and federal, state, and local taxes.

The festival will go on RAIN OR SHINE. Please plan accordingly. If the festival must be cancelled for reasons out of the organizer's control (i.e., weather, government-imposed regulations, viruses, and pandemics, etc.), full refunds will not be issued.

ALL returned checks will be charged \$40.

**No outside ice.** All ice will be available to purchase from an on-site vendor (Parked near Grissom Cleaners).

**PEPSI products are exclusively sold at the Festival.** All PEPSI products will be purchased on-site from a PEPSI representative. **No other colas/water/sports drinks will be allowed. Water may NOT be given away.**

**FOOD vendors** will be responsible for knowing and abiding by all local health department rules and regulations. Food application and fees ARE REQUIRED from the Franklin County Health Department. For questions regarding rules, guidelines, etc., contact Arthur Zurcher, (256-332-2700 | [Arthur.Zurcher@adph.state.al.us](mailto:Arthur.Zurcher@adph.state.al.us)). **The Franklin County Health Department through the Alabama Department of Public Health permit application and fee (\$30) MUST be submitted WITH your Watermelon Festival vendor application by the application deadline. In the event you are not approved as a Watermelon Festival vendor, booth and ADPH fees will be returned.**

**FOOD vendors will be inspected by the ADPH on Friday before 5 p.m. AND must be approved by ADPH prior to selling any food. FOOD vendors will not be provided with a water source and/or hose, adaptor, etc. The Franklin County Chamber/The Franklin County Watermelon Festival will not grant permission or access to use any water source within festival parameters. FOOD vendors must meet all state & local NFPA & International Fire codes! Call Alabama Fire Marshals at 334-241-4166 for more information or email Russellville Fire Marshal Justin Green at [firemarshalrfd@gmail.com](mailto:firemarshalrfd@gmail.com). Fire Marshal Green will inspect on Friday & Saturday.**

**A menu (all items to be sold and their price) is to be displayed prominently by Friday at 6 p.m.**

**All vendors are to submit a detailed list of items to be sold.**

**The Franklin County Watermelon Festival/Franklin County Chamber of Commerce cannot guarantee/promise ONE sole vendor the right to sell specific brands/items from multiple, independent consultants and/or direct sales companies (i.e., Pampered Chef, Avon, Mary Kay, Paparazzi, etc.)**

Vendors using gaseous tanks, of any kind, must have them secured properly.

All vendors will be responsible for securing items that may be a tripping hazard on all pedestrian and traffic areas (electrical cords, extension cords, ropes/chains used to secure any items associated with your booth).

If needed, Vendors are responsible for providing their own light source in addition to streetlamps during evening hours.

Service animals are welcome. However, **pets are not allowed.** **For the safety of your pet (extreme heat, loud music/noise, and crowds) and other Franklin County Watermelon Festival attendees, we ask that you leave your pets at home.**

Overnight lodging (camping, sleeping in vehicle, etc.) is NOT permitted within festival parameters. Please make prior arrangements. A list of accommodations will be provided to accepted vendors.

The undersigned agrees to abide by the decision of the Franklin County Chamber and/or the Watermelon Festival Committee to accept or reject this vendor's application. The undersigned does hereby and forever discharge the Franklin County Chamber of Commerce, the City of Russellville, Franklin County Commission, Watermelon Festival Sponsors, individual property owners within festival parameters, and all affiliates from all manner of suit, damages, claims and demands whatsoever in law or equity from loss and damage to the undersigned's property while in possession, supervision or auspices of the above-named agents, board members, volunteers, representatives, or employees. The undersigned will comply with the rules, regulations, deposits, and donation arrangements as set forth in the stipulations for participants. I hereby grant the Franklin County Chamber of Commerce and/or the Franklin County Watermelon Festival permission to use my likeness in photographs, videos, or other digital media in any and all of its publications, including web-based publications without payment or other considerations.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Contact Information:**

Cassie Medley | Executive Director | Franklin County Chamber of Commerce | P.O. Box 44, Russellville, AL 35653  
256-332-1760 | 256-332-1740 fax | [director@franklincountychamber.org](mailto:director@franklincountychamber.org) | [www.franklincountychamber.org](http://www.franklincountychamber.org)

**ALABAMA DEPARTMENT OF PUBLIC HEALTH  
APPLICATION  
FOR A PERMIT TO OPERATE**

**\*\*PLEASE PRINT\*\***

Date \_\_\_\_\_ FRANKLIN County  
Name of Establishment: \_\_\_\_\_  
Street Address \_\_\_\_\_ Establishment Phone: \_\_\_\_\_  
City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Name of Owner/Proprietor \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Owner City: \_\_\_\_\_ Owner State: \_\_\_\_\_ Owner Zip \_\_\_\_\_  
Manager's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Smoking Preference: NON-SMOKING Grease Disposal Method: \_\_\_\_\_  
Grease Disposal Method Approved?: \_\_\_\_\_

**TYPE OF PERMIT--Check one:**

- |   |  |
|---|--|
| <input type="checkbox"/> Priority Category 3 Foodservice<br>Seating Capacity: _____ | <input type="checkbox"/> Temporary Foodservice   |
| <input type="checkbox"/> Priority Category 4 Foodservice<br>Seating Capacity: _____ | <input type="checkbox"/> Food Processing   |
| <input type="checkbox"/> Priority Category 3 Retail Food<br>Size: _____ sq ft       | <input type="checkbox"/> Camp Type: Day <input type="checkbox"/><br>Resident <input type="checkbox"/>                                |
| <input type="checkbox"/> Priority Category 2 Limited Foodservice                    | <input type="checkbox"/> Hotel Number Rental Units: _____<br>Swimming Pool: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Priority Category 1 Limited Retail Food                    | <input type="checkbox"/> Mobile Foodservice  |

I hereby certify that the above statements are true and correct, and I (we) agree to comply with all of the provisions of the State Board of Health Rules, and hereby authorize the County Health Officer, the State Health Officer, or their representatives to enter upon the premises of the above named establishment for inspection purposes.

Signed \_\_\_\_\_  
Title \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Permit Number Issued: \_\_\_\_\_ Issue Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
If Applicable: Fee Code: \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_  
Fee Amount: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ Client Number: \_\_\_\_\_  
Are products from this establishment distributed in intercounty commerce? YES  NO   
Application Approved By: \_\_\_\_\_

Local Health Department \_\_\_\_\_ Date \_\_\_\_\_

**Information Form for Temporary Concession Food Permit**

Date \_\_\_\_\_, 20\_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Name of Event: Franklin County Watermelon Festival

Event Location: Downtown Russellville | Jackson Avenue

Date(s) of Event: August 15 & 16, 2025 Date and Time Food Preparation Will Begin: \_\_\_\_\_

**Owner Information**

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Owner Home Phone: \_\_\_\_\_ Owner Fax: \_\_\_\_\_

Owner Mobile Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

LIST ALL ITEMS THAT WILL BE PURCHASED OR PREPARED ELSEWHERE & WILL BE DELIVERED TO THE EVENT FOR SERVICE TO YOUR CUSTOMERS.

ITEMS	SOURCE OF PREPARATION
_____	_____
_____	_____
_____	_____
_____	_____

**Menu Information**

List all items to be prepared at event:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**I hereby certify that the above statements are true and correct and I (we) agree to comply with all of the provisions of the State Board of Health Rules, and hereby authorize the County Health Officer, the State Health Officer, or their representatives to enter upon the premises of the above named establishment for inspection purposes.**

Signed \_\_\_\_\_

Title \_\_\_\_\_