

For OFFICE use ONLY!

Cash Card Check App received

Booth Number(s)

Payment received

Insurance

Amount

ADPH Permit

Booths

110 Plug

220 Plug

Menu

Photos

FOOD



45th Annual Franklin County Watermelon Festival | Russellville, Alabama

August 14 – 15, 2026

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/drinks, etc.) OR Attach List					
Price of Items		High \$		Low \$	
Same booth as 2025		Yes		No	
Placement Specifics					
Booth contain enclosed trailer		Yes		No	
Length of Trailer including hitch					
Operating window location		Driver		Passenger	
Trailer including hitch MUST FIT within your booth (if longer than 12 ft., you WILL be charged for an additional booth.)					

HEART of the Festival Food Booth			
*HEART of the Festival located near Entertainment			
ALL Booths are 12 ft x 12 ft			
ONE electrical plug included with first FOOD booth			
One HEART BOOTH Early Bird by 5/20/26	\$550	<input type="checkbox"/>	<input type="checkbox"/>
One HEART BOOTH after 5/20/26	\$600	<input type="checkbox"/>	<input type="checkbox"/>
LATE FEE after 6/10/26	\$100	<input type="checkbox"/>	<input type="checkbox"/>
Each additional (adjoining) BOOTH	\$300	x <input type="checkbox"/>	= <input type="checkbox"/>
Alabama Department of Public Health Permit Fee* ADPH app required	\$30	<input type="checkbox"/>	\$30
Specify by circling which included &/or additional electrical plug needed.	\$30	x <input type="checkbox"/>	= <input type="checkbox"/>
Price per additional plug.			
110 volt 20 amp	220 volt 50 amp		

Food Booth (12 ft x 12 ft)			
ONE electrical plug included with first FOOD booth			
One BOOTH Early Bird by 5/20/26	\$450	<input type="checkbox"/>	<input type="checkbox"/>
One BOOTH after 5/20/26	\$500	<input type="checkbox"/>	<input type="checkbox"/>
LATE FEE after 6/10/26	\$100	<input type="checkbox"/>	<input type="checkbox"/>
Each additional (adjoining) BOOTH	\$200	x <input type="checkbox"/>	= <input type="checkbox"/>
Alabama Department of Public Health Permit Fee* ADPH app required	\$30	<input type="checkbox"/>	\$30
Specify by circling which included &/or additional electrical plug needed.	\$30	x <input type="checkbox"/>	= <input type="checkbox"/>
Price per additional plug.			
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. Bring adequate electrical cords and converters to meet your needs.

No FULL refunds will be issued once your application has been processed. A written request for cancellation received by July 10, 2026, 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. ALL returned checks will be charged \$40.

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.

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

Water may NOT be given away. ONLY Name Brand sodas are to be sold.

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). 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 MUST be set up for ADPH inspection Friday by 2 p.m. AND MUST be approved by ADPH prior to selling any food. Please plan accordingly.

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. 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. and remain throughout the festival.

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. **Lighting – streetlights may not be adequate.**

The City of Russellville and Franklin County Emergency Management require sidewalks to be and remain free and clear. Therefore, businesses/vendors are to NOT set up merchandise, supplies, displays, etc.

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 | director@franklincountychamber.org | www.franklincountychamber.org

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

****PLEASE PRINT****

Date _____ 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: _____ Grease Disposal Method: _____
 Grease Disposal Method Approved?: _____

Smoking, Non Smoking, Designated Smoking

TYPE OF PERMIT--Check one:

- Priority Category 3 Foodservice
Seating Capacity: _____
- Priority Category 4 Foodservice
Seating Capacity: _____
- Priority Category 3 Retail Food
Size: _____ sq ft
- Priority Category 2 Limited Foodservice
- Priority Category 1 Limited Retail Food

- Catering? _____
-
- Temporary Foodservice
 - Food Processing
 - Camp Type: Day
Resident
 - Hotel Number Rental Units: _____
Swimming Pool: Yes No
 - 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 _____

Check # _____ Cash _____

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: _____

Event Location: _____

Date(s) of Event: August 14 & 15, 2026 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 _____