

**\*\*CHANGE IN FESTIVAL HOURS:      OPENING CEREMONIES BEGIN AT 7:30 A.M.**

**GRAND DOOR PRIZES GIVEN AWAY AT 4:00 P.M.**

**ALTHOUGH YOU MAY BEGIN BREAKDOWN OF YOUR TENT AT 4:00 P.M. / NO VEHICLES ON STREET UNTIL 4:30 P.M.**

May 1, 2025

Dear Vendors:

**PAYMENTS SHOULD BE MADE PAYABLE TO: OXFORDFEST**

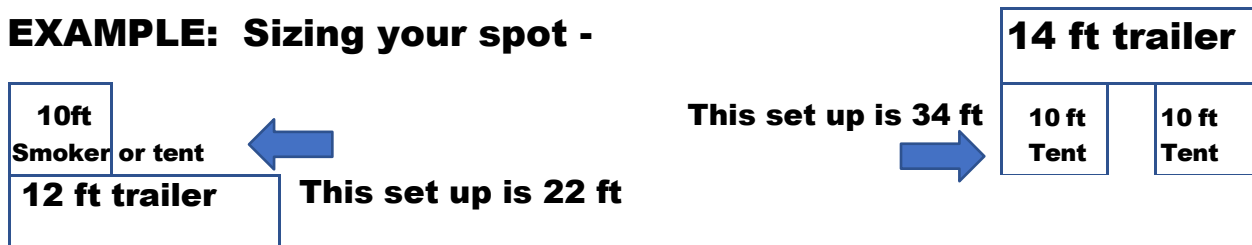
Please note the following:

**YOUR CURRENT HEALTH DEPT PERMIT EXPIRES SEPTEMBER 1, 2025**

1. Booth application open May 1, 2025 however, spaces will not actually be assigned until September 1, 2025.
2. Food Booth prices are \$150.00 Per 10x10 space. Children's rides are \$150.00 per unit.
3. Confirmation of acceptance can be obtained by notice of your deposited check or notice of non-acceptance by your returned application and check within 2 weeks of your submittal.
4. Although many of you request certain spots or locations, these cannot be guaranteed. ONLY SIDE BY SIDE (should you request more than one booth).
5. **It is VITAL that you include a SELF-ADDRESSED STAMPED ENVELOPE with your application. Guarantee of assignment paperwork cannot be returned without it.**
6. **We ask you provide your email address for future application notices.** If you are receiving your application via Email and have had no changes, it is not necessary to resubmit.
7. Class K fire extinguisher is a **MUST** have, if you are cooking with grease.
8. **APPROVED MENU'S CANNOT BE ALTERED OR CHANGED WITHOUT PRIOR APPROVAL.**
9. Health Department inspection will be done Friday afternoon, October 6<sup>th</sup>. You will be assigned times for arrival and inspection. **You must be present during the inspection process.**
10. Oxfordfest Committee is a group of volunteers who believe in this wonderful non-profit organization. If you are interested in volunteering your time; please contact us at 256-310-2532.
11. **YOU MUST BRING YOUR ASSIGNMENT PAPERWORK WITH YOU TO SETUP.**

Thank you all for working with us as we prepare for our 2024 event!

### EXAMPLE: Sizing your spot -



**\*\*PROVIDE A SET UP GRAPH OR DRAWING WITH YOUR APPLICATION SO THAT WE MAY ACCOMMODATE YOU CORRECTLY AND NOT CROWD OTHER VENDORS.**

# OXFORDFEST 2025

Downtown Oxford, Alabama

**Saturday, October 4, 2025**

Free Admission to Public

Entertainment all day.

Drawing for prizes throughout the day



**VENDORS ARE REQUIRED TO CLEAN THEIR AREA  
AFTER THE FESTIVAL, DUMPSTERS ARE PROVIDED.**

**MAKE PAYMENTS PAYABLE TO: OXFORDFEST**

**DO NOT DUMP FOOD OR TRASH ON THE GROUND**

**APPLICATION DEADLINE: September 1, 2025**

**40,000 expected to attend!**

**Failure to abide by the following rules will result in removal from the festival.**

**Entry fee for foodies is \$15.00 per foot (Min. 10 feet) Check or Money order only. No Credit Cards payment**

**Entry fee for Rides is \$150.00 per ride, blow up or event trailer/Check or Money order only. No Credit Cards payment**

**Food / Rides Vendors call Dawn Malloy for additional information @ 256-591-5044 or**

**Email us at [Oxfordfest@yahoo.com](mailto:Oxfordfest@yahoo.com)**

1. Food Vendors must set up on Friday as scheduled. Health Department will be on hand to inspect food vendors. Calhoun County Health Dept will be inspecting and issuing permits. If you have any questions about requirements, please call Mr. Fleming @ 256-237-7523 / no home canned or home cooked items allowed.

Vendors must be completed and ready to sell by 7 a.m. Saturday. Around the clock security will be provided. No breakdown of rigs or rides before 4 p.m. and no vehicles on the street before 4:30 p.m.

**ABSOLUTELY NO DRUGS OR ALCOHOL!**

2. Vendors with poor taste or questionable items will be removed by the Committee. Food / Ride Vendors who have never been with us before must submit a complete menu of food items or photo of rides.

3. There are three separate areas for food vendors. You will be assigned to one of the three areas. Your spot(s) will be assigned upon arrival at the festival.

4. Spaces will be 10 feet x 10 feet and **exhibitors are required to remain within the boundary** unless other arrangements are made with the committee. More than one space can be purchased by the same exhibitor.

5. Every attempt is made not to assign two similar vendors in the same area. No guarantee is made that you will be the only vendor in your area serving like products.

**YOU MUST PROVIDE AN ACCURATE REQUEST FOR THE SPACE YOU NEED.**

**DUE TO SPACE RESTRICTIONS; FAILURE TO INCLUDE SPACE NEEDED FOR PREP TABLES, TENTS and/or SMOKERS MAY RESULT IN REMOVAL FROM EVENT.**

**NO REFUNDS.**

6. Exhibitors are responsible for all equipment needed for their booth including tables, cords, cover etc. Each exhibitor will be responsible for any tax collected from their sales. Spaces in and around the area must be kept clean during the festival and cleaned up at the time of the breakdown.

Registration fee is NON-REFUNDABLE.

**No Rescheduling of Festival in Case of Rain Out.**

7. Food vendors are required to **provide length of rig/trailer INCLUDING the tongue, prep tables, tents, smokers, etc. You MUST provide your electrical needs** or electricity cannot be guaranteed.

8. Registration and space assignment can be made by mailing application to:

**OXFORDFEST 2025**

**P.O. BOX 3159**

**OXFORD, AL 36203**

Space assignment will be made on a first come basis and registration will continue until all spaces are assigned.

Special request will be considered but cannot be promised.

**REGISTER EARLY:** Applications may be picked up at Oxford City Hall or printed from this website.

9. Payment and self-addressed stamped envelope **MUST!** Accompany application. Receipt and space assignment will be sent by return mail to exhibitor. **\*Self-Addressed, stamped envelope must accompany application!**

**POWER WILL BE PROVIDED FOR FOOD AND RIDE VENDORS / ABSOLUTELY NO POWER GENERATORS**

----- Detach here and return lower portion with check-----

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Number of Spaces \_\_\_\_\_ (Side by Side) (choose one) / Electrical requirements \_\_\_\_\_ AMPS/VOLTS \_\_\_\_\_

Size/Length of Trailer \_\_\_\_\_ **include length** with tongue if not removable **TABLES, TENTS, SMOKERS, ETC**

**SEE EXAMPLE ON LETTER**

**FOOD VENDORS:** Your Service location (\_\_\_\_ front or \_\_\_\_ side) OR Tent \_\_\_\_ ( choose one)

**EMAIL ADDRESS:**

I, hereby agree that the Oxfordfest Committee, civic groups, churches and other citizens working on this community project or the City Of Oxford will not be responsible for any injury or loss that may occur to the exhibitors, their employee or goods from any cause whatsoever, while the premises are occupied under this agreement. NO exhibitor or participant in this project will be party to any action against them.

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

**DO NOT FORGET YOUR SELF-ADDRESSED, STAMPED ENVELOPE OR YOUR ENTRY PACKETS WILL NOT BE MAILED**

**INCLUDE \$25.00 FEE**  
**CIRCLE HERE IF (EXEMPT)**

PLEASE PRINT LEGIBLY

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



DATE: \_\_\_\_\_ 2025 \_\_\_\_\_ Calhoun \_\_\_\_\_ COUNTY

**LEGAL NAME** of Establishment: \_\_\_\_\_

Include DBA if other than Legal name \_\_\_\_\_

Physical Address of Establishment: \_\_\_\_\_

City / Town: \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number: \_\_\_\_\_

Applicant Business Structure is a ( check one ):

☐ Corporation ☐ Limited Liability Corporation (LLC) ☐ Partnership ☐ \*\*Individual / Sole Proprietorship ☐ Nonprofit Corporation

\*\*For Individual / Sole Proprietorship only:

Number of Employees NOT Including Yourself \_\_\_\_\_

☐ Municipality ☐ County ☐ State ☐ Joint City / County Other: \_\_\_\_\_

**NAME of OWNER / Proprietor:** \_\_\_\_\_

Mailing Address ( if different ): \_\_\_\_\_

**MANAGER'S NAME:** \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Smoking Preference:

☐ Smoking ☒ Non-Smoking ☐ Designated Smoking

GREASE Disposal Method \_\_\_\_\_

Grease Disposal Method Approved?: Yes ☐ No ☐ N/A ☐

**TYPE of PERMIT - CHECK ONE:**

☐ Food Service Establishment / Catering / Schools

☐ Limited Food Service Establishment

☒ Temporary Food Service Establishment

☐ Food Processing Establishment

☐ Hotel - Number of Rental Units \_\_\_\_\_

☐ Retail Food Store

☐ Mobile Food Establishment  
(Plan of Operations Attached )

☐ Limited Retail Store

☐ Camp : Type  
☐ Day ☐ Resident

☐ Swimming Pools  
☐ Yes ☐ No

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:** \_\_\_\_\_

**PRINT:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

US Citizenship Verified ? ☐ YES ☐ NO ☐ N / A

Are products from this establishment distributed in intercounty commerce? ☐ Yes ☐ No

Application Approved By: \_\_\_\_\_

PERMIT Number Issued: \_\_\_\_\_

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

Date \_\_\_\_\_

If Applicable:

Fee Code: \_\_\_\_\_ Client Number: \_\_\_\_\_

Fee Amount: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

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

ISSUE DATE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_