

****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, 2024

Dear Vendors:

PAYMENTS SHOULD BE MADE PAYABLE TO: OXFORDFEST

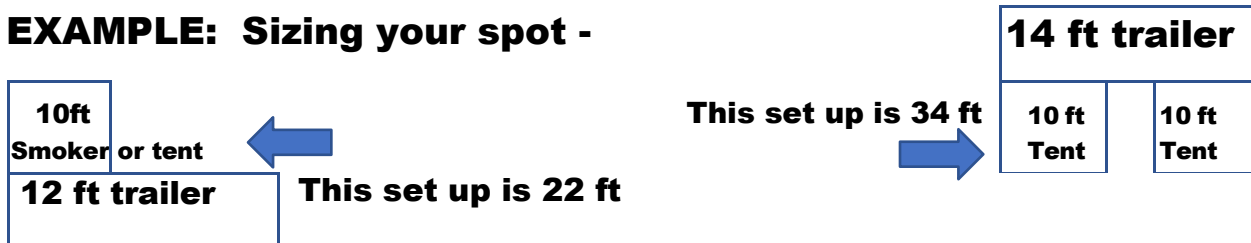
Please note the following:

YOUR CURRENT HEALTH DEPT PERMIT EXPIRES SEPTEMBER 1, 2024

1. Booth application open May 1, 2024 however, spaces will not actually be assigned until September 1, 2024.
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 4th. 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 2024

Downtown Oxford, Alabama
Saturday, October 5, 2024

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, 2024

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

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 2024
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)

ALABAMA DEPARTMENT OF PUBLIC HEALTH
APPLICATION FOR A PERMIT TO OPERATE



PLEASE PRINT LEGIBLY

DATE: _____, 20 24 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 ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are products from this establishment distributed in intercounty commerce?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Application Approved By:	PERMIT Number Issued:	
Local Health Department	Date	
If Applicable:	ISSUE DATE:	
Fee Code: _____	Client Number: _____	
Fee Amount: _____	Receipt Number: _____	EXPIRATION DATE:
Fee Paid: _____		