

FAIR BLUFF CHAMBER OF COMMERCE  
WATERMELON FESTIVAL  
JULY 25, 2026

The Downtown Vendor Market will be held downtown Fair Bluff during the Fair Bluff Watermelon Festival in Fair Bluff, North Carolina. Saturday, July 25, 2026 (9:00 am to 5:00 pm). We are a family friendly festival. Please read all rules and guidelines in relation to any participation in this event. For more information, please call the Chamber Office at 910-649-7202.

Vendor Type	Size	Fee
Arts, Crafts, Retail	10x10	\$20
Flea Market Items	10x10	\$20
Exhibit Booth	10x10	\$20

\*No charge for non-profits\*

Approval of all booths will be based upon availability and at the discretion of the festival committee. WE RESERVE THE RIGHT TO REFUSE ANY ITEMS OR MATERIALS THAT COULD BE VIEWED A POTENTIALLY HARMFUL OR OFFENSIVE AS WE STRIVE TO MAINTAIN A FAMILY ENVIRONMENT.

Setup Hours: Set up must be complete by 8:30 am breakdown 5:00 pm. You must supply your own tent, table and chairs for your booth.

Food Vendors Requirements:

All food vendors that are serving hot food must apply for a permit with Columbus County Health Dept.

A CCHD form is attached below. This will need to be completed and mailed along with \$75.00 fee to the Columbus County Health Department. The vendor application will need to be mailed to the Fair Bluff Chamber of Commerce.

We look forward to your participation in our Watermelon Festival in Downtown Fair Bluff, North Carolina.

Fair Bluff Chamber of Commerce

P.O. Box 648

Fair Bluff, NC 28439 910-649-7202

FAIR BLUFF CHAMBER OF COMMERCE  
WATERMELON FESTIVAL  
JULY 25, 2026  
VENDOR APPLICATION

NAME: \_\_\_\_\_

FULL MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Please understand that we will do our best to satisfy your preferences on spot Location, but no guarantees can be made until we know exactly how many vendor spots are needed this year. Thank you for your flexibility in working with us.

Will you be selling items? Yes \_\_\_\_\_ No \_\_\_\_\_

Description of Items \_\_\_\_\_

Will this be an exhibit? Yes \_\_\_\_\_ No \_\_\_\_\_

Description of Exhibit \_\_\_\_\_

Food Vendor Yes \_\_\_\_\_ No \_\_\_\_\_

What type of food? \_\_\_\_\_

Arts, Crafts and Retail Vendors \$20

Exhibit Booth **\$20**

Food Vendor **\$40**

**\*NO CHARGE FOR NON-PROFITS\***

FB CHAMBER OF COMMERCE will not be responsible for stolen or damage goods prior to or during the festival and is not responsible for any accidents or incidents which may occur.

910-649-7202

Fair Bluff Chamber of Commerce  
P.O. Box 648, Fair Bluff, NC 28439

FAIR BLUFF CHAMBER OF COMMERCE  
910-649-7202  
[www.fairbluff.com](http://www.fairbluff.com)  
WATERMELON FESTIVAL  
JULY 25, 2026  
Food Vendor Application

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

Applicant's Name: \_\_\_\_\_

Business Name (if Applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Detailed description of food specialties: (be specific)

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*Columbus County*

HEALTH DEPARTMENT

TELEPHONE  
910-640-6617



TELEFAX  
910-641-0766

**TEMPORARY FOOD SERVICE PERMIT  
APPLICATION**

*Applications closed 15 days prior to the event, and no less than 3 days for substitute vendors. Submit the required \$75.00 permit fee along with this application. Make checks payable to Columbus County Health Department. Do not send cash in mail. The permit fee will not be collected on the day of the event.*

**Event Information**

Event Name \_\_\_\_\_  
Location \_\_\_\_\_  
Event Coordinator \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Phone \_\_\_\_\_ Another phone where you can be reached \_\_\_\_\_  
Dates Starting \_\_\_/\_\_\_/\_\_\_ Time \_\_\_\_\_  
Ending \_\_\_\_\_ Time \_\_\_\_\_

**Vendor Information**

Organization/Business Name:  
Contact Name:  
Address:  
Phone(include cell):  
Fax:  
\*Note: If non-profit, tax exempt or a political fund raising group then attach documentation for exemption consideration.

PROPOSED MENU: \_\_\_\_\_  
\_\_\_\_\_

\*MENU ITEMS ARE SUBJECT TO APPROVAL AND MAY BE RESTRICTED.

\*ATTACH A PROPOSED SITE LAY OUT AND EQUIPMENT TO BE USED.

Applicant's Signature \_\_\_\_\_

**Contacts**

Columbus County Health Department, Division of Environmental Health, PO Box 810,  
Whiteville, NC 28472 Phone # (910) 640-6617, Fax # (910) 641-0766