

For questions regarding this year's event  
please contact us at  
Fundraising@safepassagemoberly.org  
or Call 660-269-8999

 SafePassageWineStroll



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## **Food Vendor Procedures & Guidelines**

August 17, 2019

EXHIBITOR SPACE: Outdoor Exhibitor Space Only. Spaces are \$150. Vendor must supply own tent, table, and chairs.

SCHEDULE: Event set up begins: 12:00 p.m. Event Hours 3:00p.m. – 10:00p.m. Tear down may begin at 8:00 p.m., must be completed by 11:00 p.m. There will be music outside in this area until 10:00p.m. and you are welcome to stay until 10:00p.m. if you choose.

APPLICATION INFO: Application form can be obtained on-line via our website at [www.tasteofmissouristroll.com](http://www.tasteofmissouristroll.com). Accepted applicants will be notified by mail or email and provided with a map indicating the assigned exhibit space. Applicants who are not accepted will have their booth fee returned by mail. Safe Passage reserves the right to reproduce any photographs provided for the purpose of publicity and to reject items at the event which differs significantly to the descriptions provided in the application or does not comply with the event standards.

NOTE: Vendors will be selected based upon menu items described. To avoid duplication, not all menu items listed may be approved. Vendors agree to serve only those items that have been approved.

### APPLICATION CHECKLIST:

- Proposed Menu
- Completed and signed application
- \$ 150.00 (No refunds will be given due to cancellation by the exhibitor)
- Check or money orders payable to Safe Passage

RETURN COMPLETED APPLICATION TO: [Fundraising@SafePassageMoberly.org](mailto:Fundraising@SafePassageMoberly.org)

Or Mail to Safe Passage, P.O. Box 456, Moberly, MO 65270

**For more information email [Fundraising@SafePassageMoberly.org](mailto:Fundraising@SafePassageMoberly.org) or contact Kelly Pedigo at 660-269-8999**

**APPLICATION DEADLINE IS JULY 25, 2019**



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[safepassagemoberly.org](http://safepassagemoberly.org)

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**Food Vendor Application**  
August 17, 2019

**FOOD VENDOR INFORMATION**

Contact Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Cell Phone (for day of event): \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Website: \_\_\_\_\_  
Facebook/Other Social Media Links: \_\_\_\_\_

**FOOD VENDOR MENU**

1. List the items you want to sell at the event (food and drink). Try to be as specific as possible and include projected selling prices. Any changes in menu must be submitted in advance, in writing, and approved by the committee.
2. If the event committee feels your projected selling prices are not appropriate we will notify you.
3. Attach extra paper if needed.

Menu Item	Price

**RESPONSIBILITIES**

I agree to assume full responsibility for my entries. I agree with the signing of this document I will not hold Safe Passage, the City of Moberly, the hosting facilities, and event participants responsible for my personal injury, property loss, or damage.

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



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