



# Taste of Stones River

## Vendor Application

Saturday, August 20, 2011  
4:00 until 8:00 p.m.



Thank you for participating in the 2011 Taste of Stones River, benefiting the Primary Care & Hope Clinic. Taste features signature dishes from local restaurants, culinary demonstrations, face painting, children's activities and live music. Over 5,000 people attended last year's event, so you don't want to miss this opportunity to promote your organization and support a very worthy cause. Please complete this application and return to the Clinic along with Proof of Liability Insurance (see attached), the signed Vendor Agreement and check. In order to promote your participation, please email an eps format logo to Paige O'Kelly at paigeok@comcast.net.

Restaurant Name: \_\_\_\_\_

Restaurant     Winery     Beverage

Contact Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

*(Please print legibly)*

Event Day Contact Name: \_\_\_\_\_

Event Day Contact Cell Number: \_\_\_\_\_

Booth Space Fee \$175

Includes:

Two 6' Tables, Two Tablecloths, Two Chairs  
And One 10'x10' Tent

Will you need signage?     Yes     No    \$25 extra

Will you need electricity?     Yes     No    \$25 extra

Total Fee \$ \_\_\_\_\_

### Payment Information

Check # \_\_\_\_\_     Visa     Mastercard

*Please make checks payable to  
Primary Care & Hope Clinic*

Card Number: \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

### Liability Waiver and Release

I assume all responsibility for, and risks and hazards of participation in the rental activity planned by my business or myself. In considerations of the Taste of Stones River providing permission to use the space requested. I, and all members of my rental group do hereby release The Taste of Stones River and Primary Care and Hope Clinic, including all officials, officers, sponsors, organizers, supervisors, volunteers, participants, and all other agents of any and all claims, demands, rights, and causes of action of whatever kind and nature, rising from and by reason of, and all known and unknown, foreseen and unforeseen, bodily and personal injuries, damage to property, and the consequences thereof, resulting from participation in the rental activity planned at the Taste of Stones River.

By reading this information and signing this Food Vendor Agreement, you are agreeing to abide by all rules and regulations set forth by the event organizers in the 2011 Taste of Stones River and made a part hereof by reference.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name: \_\_\_\_\_

Title \_\_\_\_\_

### Restaurant Coordinators:

June Bilbo    junebilbo@gmail.com    678.386.8020

Kristy Davis    kristy.davis@hopeclnc.org    615.893.9390

Paige O'Kelley    paigeok@comcast.net    615.319-5215

PRIMARY CARE &



Please return completed application, booth fee, proof of liability insurance and menu by **June 15th** to:

**PRIMARY CARE & HOPE CLINIC**  
1453 A HOPE WAY  
MURFREESBORO, TN 37129  
Phone (615) 893-9390  
Fax (615) 893-4966



# Taste of Stones River

## Frequently Asked Questions:

**Q: Is there a charge to participate?**

A: Yes, \$175 per booth. The final deadline for registration is June 15, 2011.

**Q: How many people should I prepare for?**

A: Over 1,000 people are expected to attend.

**Q: What should I provide?**

A: All participants are required to provide at least 750 samples of their products. The variety of your samples is up to you.

**Q: May I sell my product at the Taste of Stones River?**

A: No, all product is purchased by tickets.

**Q: Do I need insurance?**

A: Yes, we require that you add The Avenue – Murfreesboro and The Primary Care and Hope Clinic as additional insured.

**Q: How can I maximize my return on the event?**

A: Vendors are encouraged to be creative with their participation, ideas include:

- Publicize the event to your customers and post a sign to promote the event (Promotional materials will be available closer to the event).
- Add to your Facebook page as well as your web site
- Create a unique display at the Festival. More people will be attracted to your booth if it is fun.

**Q: Will the Taste of Stones River be held outside?**

A: Yes. The event will be at The Avenue - Murfreesboro, rain or shine.

**Q: How will profits from the Taste of Stones River be used?**

A: All proceeds benefit the Primary Care & Hope Clinic, serving the under insured and uninsured of Rutherford County.

**Q: How will the Taste of Stones River be promoted?**

A: The event will be promoted through newspaper and magazine advertisements, Facebook, and the website – [www.tasteofstonesriver.org](http://www.tasteofstonesriver.org). Additional promotion will be provided by sponsors and vendors.

**Q: Where can I purchase tickets?**

A: Tickets will be on sale at the event

**Q: Do I need to attend the vendor meeting?**

A: Yes. This is where you will receive your marketing materials as well as a copy of the event map and parking instructions.

**Q: Can I decorate my booth?**

A: Yes. You may decorate your booth as you wish (giveaways, signage, etc.). You may hand out coupons for your restaurants only within your booth area. Booths should be maintained in a clean and organized fashion. No loud speakers, radios, or similar devices of any kind without prior consent. **DON'T FORGET RESTAURANTS CAN COMPETE FOR BEST BOOTH.**

**ADDITIONAL QUESTIONS CONTACT:**

Paige O'Kelly – 615- 319-5215 [paigeok@comcast.net](mailto:paigeok@comcast.net)

Kristy Davis – 615-893-9390 [Kristy.davis@hopeclnc.org](mailto:Kristy.davis@hopeclnc.org)

June Bilbo – 678-386-8020 [Junebilbo@gmail.com](mailto:Junebilbo@gmail.com)



# Taste of Stones River

## **VENDOR INFORMATION:**

*All proceeds from the Taste of Stones River benefit the Primary Care & Hope Clinic, serving the uninsured and underinsured of Rutherford County.*

### **Event Date & Location:**

- Saturday, August 20, 2011
- The Avenue Murfreesboro

### **Contact Information:**

- June Bilbo, 678-386-8020, [junebilbo@gmail.com](mailto:junebilbo@gmail.com)
- Kristy Davis, 615-893-9390, [kristy.davis@hopeclinc.org](mailto:kristy.davis@hopeclinc.org)
- Paige O'Kelly, 615-319-5215, [paigeok@comcast.net](mailto:paigeok@comcast.net)

### **Hours:**

- Set Up: 11am-3pm
- Media & VIP will be admitted at 3:30pm
- General public will be admitted at 4pm
- Clean Up: 8pm-9pm

### **The Taste of Stones River Will Provide:**

- 10' x 10' tent
- One volunteer for additional help & taking tickets
- Two chairs, two black table cloths
- Electricity, if requested (\$25)
- Trash boxes with liners
- Advertising
- Ticket boxes

### **Vendor Need to Provide:**

- Tasting plates & napkins for attendees
- At least 750 sample size tastings (2oz-4oz size)
- Your logo in an EPS format for advertising sent to [paigeok@comcast.net](mailto:paigeok@comcast.net) by June 15, 2011.
- Insurance with The Avenue Murfreesboro listed as additional insured by June 15, 2011.
- Vendors will be responsible for cleaning up their space. Trash cans will be provided throughout the event

### **Event Clean -Up:**

Onsite porter staff will assist with unloading event trash cans throughout the event. Please prepare a plan of action for your trash. Do not leave any trash, boxes or other debris on the sidewalks or any open areas during or after the event. ALL trash must be placed in a trash can or compactor immediately. Please reference an event map for compactor location and be aware of trash can locations onsite. DO NOT dump grease or hot coals on the ground. Your booth must be free of all trash and debris after the event before you leave.

### **Go Green:**

The Primary Care and Hope Clinic and The Avenue Murfreesboro encourages all restaurant and vendor participants to "Go Green" by using recycled products such as plates and cups. Recycling bins will be available onsite.

### **Security:**

- Security will be provided by The Avenue Murfreesboro & Taste of Stones River volunteers

### **Event Volunteers:**

- Volunteers will be available to help with set up, site maintenance and cleanup.

### **Best Taste Contest:**

- Attendees will vote for the best tasting vendors.

### **Vendor Meeting Attendance:**

- Meeting attendance is mandatory.
- You will receive marketing materials as well as the event map at the meeting.
- Dates: TBA. Attend the one that is most convenient for you. Location TBD.

### **Registration Deadline:**

- Your completed registration must be received by June 15, 2011.

[www.tasteofstonesriver.org](http://www.tasteofstonesriver.org)



THE AVENUE®  
MURFREESBORO

## MARKETING / EVENT INSURANCE REQUIREMENTS

### Commercial General Liability

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\$2,000,000 Each Occurrence  
\$3,000,000 General Aggregate  
\$100,000 Fire Liability

### Automobile Liability

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\$1,000,000 Combined Single Limit

### Workers' Compensation / Employers' Liability

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WC Statutory Limits (check box)

\$1,000,000 E.L. Each Accident

\$1,000,000 E.L. Disease Policy Limit

\$1,000,000 E.L. Disease Each Employee

**\*\* USE UMBRELLA LIABILITY AS NECESSARY TO SATISFY THE ABOVE-REQUIRED LIMITS \*\***

### Certificate Holder

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CF Murfreesboro Associates  
Cousins Properties Incorporated  
2615 Medical Center Parkway  
Murfreesboro, TN 37129

### Cancellation

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Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail \_\_\_ days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

### Description of Operations / Additional Insured / Special Provisions

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Re: Taste of Stones River

CF Murfreesboro Associates as owner and Cousins Properties Incorporated as manager, and their affiliates, agents, officers, directors, partners, shareholders and employees are all named as additional insured on General Liability using a cross-liability endorsement or separation of insureds provision.

As its charitable partner, Rutherford County Primary Care, Inc., DBA Primary Care and Hope Clinic are shown as Additional Insured on General Liability.

A waiver of subrogation applies as required by contract.

FAX: 615.893.4086  
PHONE: 615.893.4207  
E-MAIL: [lindymullen@cousinsproperties.com](mailto:lindymullen@cousinsproperties.com)