



OCTOBER 5th
1-4 PM
Laguna Lake Park

About the Event

We're in a real pickle of excitement to announce the upcoming **SLO Pickle Festival!** Join us on **October 5th at Laguna Lake Park from 1 PM to 4 PM** for a day brimming with pickle-perfect fun. **This dill-ightful event will celebrate all things pickles with a variety of pickle vendors, pickle-inspired bites, beer, wine, music, and the much-anticipated SLO Best Pickle Bites contest. It's kind of a big dill!** Most importantly, the festival will benefit Meals That Connect - Senior Nutrition Program of SLO County. Don't miss this opportunity to relish in the fun and support a great cause! www.slopicklefestival.org

About Meals That Connect

Since 1991, Meals That Connect has been dedicated to serving our community, providing over **200,000 free nutritious meals and nutritional education annually to more than 1,650 seniors aged 60 and over throughout San Luis Obispo County.** The program offers a lifeline to seniors, many of whom rely on these meals and services for their well-being. Meals That Connect not only provides food but also fosters a sense of community and support through nine dining sites where seniors can gather, share stories, and develop friendships. For those unable to leave their homes, dedicated volunteer drivers deliver meals, offer companionship, and conduct safety checks.

www.mealsthatconnect.org

How you can help!

We're in a bit of a pickle and need beer, wine, and drink vendors to provide 500 tastings for our festival goers! This is a dill-ightful opportunity to share your beverages and support a great cause in the community. You'll be provided with a 10' x 10' pop-up tent, one table, table linens, and two chairs. **Get ready to relish the fun and make a big dill at our festival!**

**Get ready to pickle your way to victory at the SLO Pickle Festival -
it's going to be a dill-icious time!**

VENDOR APPLICATION

SLO PICKLE FESTIVAL



Company Name : _____
(Displayed in marketing)

Contact Name : _____

Phone Number : _____

Email : _____

Address : _____

City : _____

ZIP/Postal Code : _____

State : _____

Vendor Type :

- Drink Vendor - \$0
- Community Partner - \$0
- Pickle Inspired Bites - \$0
- Sales Vendor - \$75

PAYMENT METHOD: Check Credit Card Invoice Needed?

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

CVC CODE: _____

ZIP CODE: _____

To pay by check, please make check payable to
"Meals That Connect" and mail to:
Meals That Connect, Attn: SLO Pickle Festival,
265 South St., Suite B, San Luis Obispo, CA 93401

DATE

SIGNATURE

VENDOR APPLICATION

SLO PICKLE FESTIVAL



ALL DRINK VENDORS MUST PROVIDE:

- Current copy of SLO County Health Department Certificate or a Declaration for Food Facility Exemption at Community Events. Meals That Connect will provide documents. ****
- Insurance certificate naming Meals That Connect as additional insured.**

All vendors will be supplied with a 10'x10' space, pop-up tent, one table, linens, and two chairs.

**** We are expecting 500 people at this event, so please provide enough for 500+ tastings. Meals That Connect will supply reusable plates and cups for guests.**

PLEASE SHARE YOUR BUSINESS' SOCIAL PAGES:



**Please email sign-up form and company logo in hi-res JPEG format to:
Brandee@MealsThatConnect.org**

Thank you for supporting Meals That Connect and the SLO Pickle Festival!

All proceeds for this event will provide Older Americans in San Luis Obispo County with free meals and social connections.

Federal Tax ID #: 77-0279528



County of San Luis Obispo Environmental Health Services Division
 Ph: (805) 781-5544 Fax: (805) 781-4211
 2156 Sierra Way Ste. B, San Luis Obispo, CA 93401
 E-mail: ehs@co.slo.ca.us

DECLARATION FOR FOOD FACILITY EXEMPTION AT COMMUNITY EVENTS

(COMPLETE ONLY IF REQUESTING AN EXEMPTION)

APPLICANT/EVENT ORGANIZER INFORMATION			
Name of Applicant/Event Organizer:		Phone Number:	
Business Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Email:			
DETAILS OF EVENT			
Name of Event:			
Date(s) of Event:		Operating Hours:	From: _____ To: _____
Site Address:	City:	State:	Zip:
DECLARATION OF EXEMPTION			
<p style="text-align: center;">This declaration is to affirm that _____ is requesting exemption from (Name of Organization or for-profit entity) State Law requirements for Temporary Food Facilities under provisions of (SELECT ONE):</p>			
FOR-PROFIT FOOD VENDOR DONATING ALL PROCEEDS			
<input type="checkbox"/> Section 113789(c)(4) of the California Retail Food Code: A for-profit entity that gives or sells food at an event for the benefit of a nonprofit association. For-profit entity receives no monetary benefit . Event occurs not more than 3 days in a 90-day period. For the benefit of _____ (Name of Nonprofit Association)			
I certify that the above is true and correct to the best of my knowledge and belief. I further certify under penalty of perjury that the above-named for-profit entity will receive no monetary benefit, other than that resulting from recognition for participating in the event.			
Signature:			Date:
Print Name:	Title:	Cell Phone Number:	
NON-PROFIT TEMPORARY FOOD FACILITY VENDOR			
<input type="checkbox"/> Section 113789 (c)(3) of the California Retail Food Code: A church, private club, or other nonprofit association that gives or sells food to its members and guests only. Event occurs not more than 3 days in a 90-day period. For the benefit of _____ (Name of Nonprofit Association)			
WINE AND BEER TASTING VENDOR			
<input type="checkbox"/> Section 113789 (c) (5) of the California Retail Food Code: Premises set aside for wine and beer tasting if no other beverage except for bottles of wine or beer and prepackaged non-potentially hazardous beverages is offered for sale and no food, except for crackers, pretzels, or prepackaged food that is not potentially hazardous food is offered for sale or for onsite consumption.			
SIGNATURE			
I Declare and Certify under penalty of perjury, that the above stated facts and attachments are true and correct pursuant to the California Code of Civil Procedure.			
Signature:			Date:
Print Name:	Title:	Cell Phone Number:	
FOR OFFICE USE ONLY			
EXEMPTION VERIFIED: YES NO		APPROVED BY: _____	
		DATE: _____	