



AUTHORIZATION REQUEST
SAMPLE FOOD AND/OR BEVERAGE DISTRIBUTION

SPECTRA FOOD SERVICES AND HOSPITALITY HAS EXCLUSIVE FOOD AND BEVERAGE DISTRIBUTION RIGHTS WITHIN THE PALM BEACH COUNTY CONVENTION CENTER. EVENT SPONSORING ORGANIZATIONS AND/OR THEIR EXHIBITORS MAY DISTRIBUTE SAMPLE FOOD AND/OR BEVERAGE PRODUCTS **ONLY** UPON WRITTEN AUTHORIZATION.

PALM BEACH COUNTY CONVENTION CENTER EXHIBITORS MAY DISTRIBUTE FOOD & BEVERAGE SAMPLES IN AUTHORIZED SPACE AND MUST NOT BE IN COMPETITION WITH PRODUCTS OR SERVICES OFFERED BY OVATIONS FOOD SERVICES. SAMPLES MUST BE REPRESENTATIVE OF PRODUCTS MANUFACTURED OR SOLD BY THE COMPANY EXHIBITING. FREE SAMPLES ARE LIMITED TO 2 OUNCES OF NON-ALCOHOLIC BEVERAGES AND 2 OUNCES OF FOOD. EXACT DESCRIPTIONS OF SAMPLE AND PORTION SIZE MUST BE SUBMITTED TO THE FOOD AND BEVERAGE OFFICE FOR WRITTEN APPROVAL 14 DAYS PRIOR TO THE OPENING OF THE EVENT. ANY EXHIBITOR PROVIDING SAMPLES OF FOOD AND NON-ALCOHOLIC BEVERAGE SAMPLES MUST OPERATE WITHIN THE LOCAL HEALTH DEPARTMENT GUIDELINES.

ANY EXHIBITOR REQUESTING TO GIVE AWAY SAMPLES OF ALCOHOLIC BEVERAGES MUST OBTAIN A SPECIAL EVENT LIQUOR PERMIT FROM THE LIQUOR CONTROL BOARD FOR THE STATE OF FLORIDA. SAMPLES DISPENSED ARE LIMITED TO THOSE PRODUCTS THAT ARE MANUFACTURED, PROCESSED OR DISTRIBUTED BY THE ENTITY REQUESTING PERMISSION. PLEASE REFER TO THE EXHIBITORS AGREEMENT FOR FURTHER SPECIFICATIONS.

SPECTRA MUST PROVIDE AN ATTENDANT AT ANY SUCH BOOTH DISPENSING ALCOHOLIC BEVERAGES AT THE CUSTOMER'S EXPENSE OF \$150.00 FOR A 4 HOUR PERIOD AND \$35.00 EACH ADDITIONAL HOUR.. SAMPLES ARE LIMITED TO 1 OUNCE OF BEER OR WINE AND 1/2 OUNCE OF SPIRITUOUS LIQUORS.

SAMPLES ARE TO ONLY BE SERVED TO PERSONS 21 YEARS OF AGE OR OLDER. EACH BOOTH MUST PROVIDE A VISIBLE SIGN, STATING: **"GUESTS MUST BE 21 YEARS OF AGE TO PARTICIPATE IN SAMPLING OF ALCOHOLIC BEVERAGES. PICTURE I.D IS REQUIRED"**

GENERAL DESCRIPTION

PRODUCT(S) YOU WISH TO DISPENSE _____

SIZE OF PORTION TO BE DISPENSED _____

PROPOSED METHOD OF DISPENSING _____

PLEASE EXPLAIN PURPOSE OF OFFERING SAMPLES _____

NAME OF EVENT: _____ DATE OF EVENT: _____ BOOTH No. _____

FIRM NAME: _____ PHONE No. _____

ADDRESS: _____

STREET CITY STATE/ZIP

By: _____ SIGNATURE: _____ DATE: _____

PLEASE PRINT NAME

APPROVED _____ SIGNATURE: _____ DATE: _____

SPECTRA FOOD SERVICES AND HOSPITALITY

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