

SAMPLING & SELLING POLICY

FOR FOOD & NON-ALCOHOLIC BEVERAGES

Levy retains the exclusive right to provide all food and beverage services throughout the David L. Lawrence Convention Center.

Exhibitors may request to sample/sell food & NA beverage and receive permission only upon written authorization from LEVY, and by completing the appropriate forms with certificate of insurance and returning the forms to the Levy Catering Department **thirty (30) days prior to the start of the show.**

SAMPLING & SELLING REQUIREMENTS

FOOD

- Samples are to be bite-sized & INDIVIDUALLY packaged or sealed
- Items sold must be completely packaged/sealed with the intent for offsite consumption only

NON-ALCOHOLIC BEVERAGE

- Samples are limited to a 2 ounce portion
- The sale of full size, individual beverages is NOT permitted - this is a violation of the DLCC beverage agreements. Beverages can be sampled only.

In addition to the above requirements, each booth must adhere to the following:*

- Items dispensed are limited to those products that are manufactured, processed or distributed by the entity requesting permission
- Each vendor is required to complete a certificate of insurance as outlined in the example on pages 4 & 5.
- **VenueShield**
 - If items are NOT pre-packaged or sealed, vendors must have a breath barrier (sneeze guard) protecting the non-packaged items. The breath barrier shall be obtained by the vendor; in which they can do so independently. Any items given to a guest must be completely packaged/sealed. (Examples include: fudge, nuts, popcorn, baked goods and the like)
- **Per the Allegheny County Health Department**
 - Each vendor is required to apply for a temporary health permit **SEE PAGE 6** - [website link here](#)
 - Both Hand Sanitizer and Sanitizing wipes **MUST** be at each booth for staff use to disinfect/sanitize high-touch areas that are frequently used
 - Anyone assembling food or beverage onsite (not prepackaged before arrival to DLCC), must have a handwashing station per the ACHD guidance **SEE PAGE 6**

~If any of the above are not complied, Levy reserves the right to revoke approval on-site~

Requirements for food and beverage dispensing are subject to change based upon state requirements

For additional information, please contact the Levy Catering Sales Department

Betsy Johnson-Rusnic, Director of Catering Sales - bjohnson@pittsburghcc.com 412.325.6194

Caroline Mays, Catering Sales Manager - cmays@pittsburghcc.com - 412.325.6162

Hannah Bortmas, Catering Sales Coordinator - hbortmas@pittsburghcc.com - 412.325.6121

AUTHORIZATION REQUEST FORM

FOOD & NON-ALCOHOLIC BEVERAGES

Outside food vendors are considered any entity selling consumable food items within the DLCC. These vendors are required to pay a flat fee based on the number of show days as follows:

1-2 day show - \$107.00
3-4 day show - \$214.00
5 or more day show - \$321.00
(All fees include PA sales tax of 7%)

Authorization Request Form:

Levy retains the exclusive right to provide all food and beverage services throughout the David L. Lawrence Convention Center. This exclusive agreement prohibits exhibitors or other event participants from importing ANY food and beverage into the David L. Lawrence Convention Center without written approval of Levy. Please complete and return this form to receive authorization to sample and sell product.

This policy is strictly enforced. Violations will result in products being removed from show floor.

Name of Show/Event: _____

Event Date: _____

Company Name: _____

Booth Number: _____

Contact Name: _____ Phone Number: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Product you wish to sample (if applicable): _____

Product you wish to sell (if applicable): _____

REMINDER: The sale of individual non-alcoholic beverages is NOT permitted.

Anticipated Quantity: _____

Additional Comments: _____

Vendor Signature: _____ Date: _____

(Your signature identifies that you have read and understand the terms and conditions of this policy)

Approved: _____ Date: _____

Levy General Manager

Please return this form to the Levy Catering Department thirty (30) days prior to the start of the show along with the Certificate of Insurance & payment.



PAYMENT FOR SELLING & CHECKLIST

Payment is required by any entity selling food items at the David L. Lawrence Convention Center.
The sale of individual non-alcoholic beverages is NOT permitted.

In addition to completing the authorization form, food vendors will be required to pay a flat fee based on the number of show days.

Company Name: _____

Name of Show/Event: _____

Event Date: _____

Please check the appropriate box:

1-2 day show - \$107.00 (includes tax)

3-4 day show - \$214.00 (includes tax)

5 + day show - \$321.00 (includes tax)

METHOD OF PAYMENT:

Levy accepts Credit Card or Check. All payments must be received no later than 7 business days prior to the start of the show. *Any vendor with outstanding payment will be asked to leave the facility.*

Please check the appropriate box for the method of payment being provided to Levy:

Credit Card Payment:

Secure link via email

Email: _____

Payment via Check:

Made payable to **Levy Convention Centers**
Mail to: **1000 Ft. Duquesne Blvd.**
Pittsburgh, PA 15222

CHECKLIST

- Completed DLCC Authorization Request & Method of Payment Form**
- Certificate of Insurance** - with correct language (see example page 4 & 5)
- Hand Sanitizer and Sanitizing Wipes** for booth staff to clean and sanitize frequently touched surfaces and hands.
- Reviewed Allegheny County Health Department information** - from their [website link here](#) & **PAGE 6**

Vendor Signature: _____ Date: _____

(Your signature identifies that you have read and understand the payment terms and conditions of this policy)

SAMPLE - CERTIFICATE OF INSURANCE

Your insurance **MUST** have the exact information as highlighted on the sample.
REVIEW PAGE 5 for SPECIFIC LANGUAGE REQUIREMENTS.

CERTIFICATE OF INSURANCE				ISSUE DATE	
PRODUCER NAME		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
INSURED Third - Party Concessionaire		COMPANIES AFFORDING COVERAGE			
		COMPANY LETTER	A Carrier with at least A Best rating & VIII Financial Size		
		COMPANY LETTER	B		
		COMPANY LETTER	C		
		COMPANY LETTER	D		
COMPANY LETTER	E				
COVERAGES					
THIS IS TO CERTIFY THAT THE POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MMDDYY)	POLICY EXPIRATION DATE (MMDDYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	12345			GENERAL AGGREGATE \$ 5000000 PRODUCTS-COMP/OP AGG \$ 5000000 PERSONAL & ADV. INJURY \$ 1000000 EACH OCCURRENCE \$ 1000000 FIRE DAMAGE (Any one fire) \$ 50000 MED EXPENSE (Any one person) \$ 5000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> OTHER	12345			COMBINED SINGLE LIMIT \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	12345			STATUTORY LIMITS EACH ACCIDENT \$ 500000 DISEASE-POLICY LIMIT \$ 500000 DISEASE EACH EMPLOYEE \$ 500000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS					
The entities and individuals listed are hereby collectively named as additional insureds with respects to the foregoing General Liability and Automobile Liability coverages. Levy Restaurants, Levy Premium Foodservice Limited Partnership, Levy Restaurant Limited Partnership, Levy GP Corp., Levy Holdings GP, Inc., Compass Group USA, Inc., Levy/Compass Group Holdings 3.L., Compass Group PUC, Sports & Exhibition Authority of Pittsburgh and Allegheny County, City of Pittsburgh, Allegheny County, and the Commonwealth of Pennsylvania, and SVG including, but not limited to, all of these respective entities' related partnerships, affiliates, subsidiaries, corporations and limited liability companies, whether currently existing or hereafter formed, and specifically including all of their respective owners, partners, shareholders, members, officers, directors, managers, employees, and agents (collectively, the "Released Parties").					
CERTIFICATE HOLDER			CANCELLATION		
Levy Restaurants David L. Lawrence Convention Center 1000 Fort Duquesne Blvd Pittsburgh, PA 15222			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.		
			AUTHORIZED REPRESENTATIVE		

Coverage Limits must be no less than what is stated.

Policy dates ("Effective" and "Expiration") need to be current and cover the dates of the event.

SAMPLE - CERTIFICATE OF INSURANCE

Your insurance **MUST** have the exact information as highlighted on the sample. Below are the **SPECIFIC LANGUAGE REQUIREMENTS**.

A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	12345	STATUTORY LIMITS	
			EACH ACCIDENT	\$ 500000
			DISEASE-POLICY LIMIT	\$ 500000
			DISEASE-EACH EMPLOYEE	\$ 500000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS				
<p>The entities and individuals listed are hereby collectively named as additional insureds with respects to the foregoing General Liability and Automobile Liability coverages.</p> <p>Levy Restaurants, Levy Premium Foodservice Limited Partnership, Levy Restaurant Limited Partnership, Levy GP Corp., Levy Holdings GP, Inc., Compass Group USA, Inc., Levy-Compass Group Holdings S.L., Compass Group PLC, Sports & Exhibition Authority of Pittsburgh and Allegheny County, City of Pittsburgh, Allegheny County, and the Commonwealth of Pennsylvania, and SMG including, but not limited to, all of these respective entities' related partnerships, affiliates, subsidiaries corporations and limited liability companies, whether currently existing or hereafter formed, and specifically including all of their respective owners, partners, shareholders, members, officers, directors, managers, employees and agents (collectively, the "Released Parties").</p>				
CERTIFICATE HOLDER			CANCELLATION	
<p>Levy Restaurants</p> <p>David L. Lawrence Convention Center 1000 Fort Duquesne Blvd Pittsburgh, PA 15222</p>			<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.</p>	
			AUTHORIZED REPRESENTATIVE	

CD 37 (6-94)

Description of Operations Must Include:

Additionally Insured "Levy Restaurants, Levy Premium Foodservice Limited Partnership, Levy Restaurant Limited Partnership, Levy GP Corp., Levy Holdings GP, Inc., Compass Group USA, Inc., Levy-Compass Group Holdings S.L., Compass Group PLC, Sports & Exhibition Authority of Pittsburgh and Allegheny County, City of Pittsburgh, Allegheny County, and the Commonwealth of Pennsylvania, and SMG including, but not limited to, all of these respective entities' related partnerships, affiliates, subsidiaries corporations and limited liability companies, whether currently existing or hereafter formed, and specifically including all of their respective owners, partners, shareholders, members, officers, directors, managers, employees, and agents (collectively, the "Released Parties")."

ALLEGHENY COUNTY HEALTH DEPARTMENT

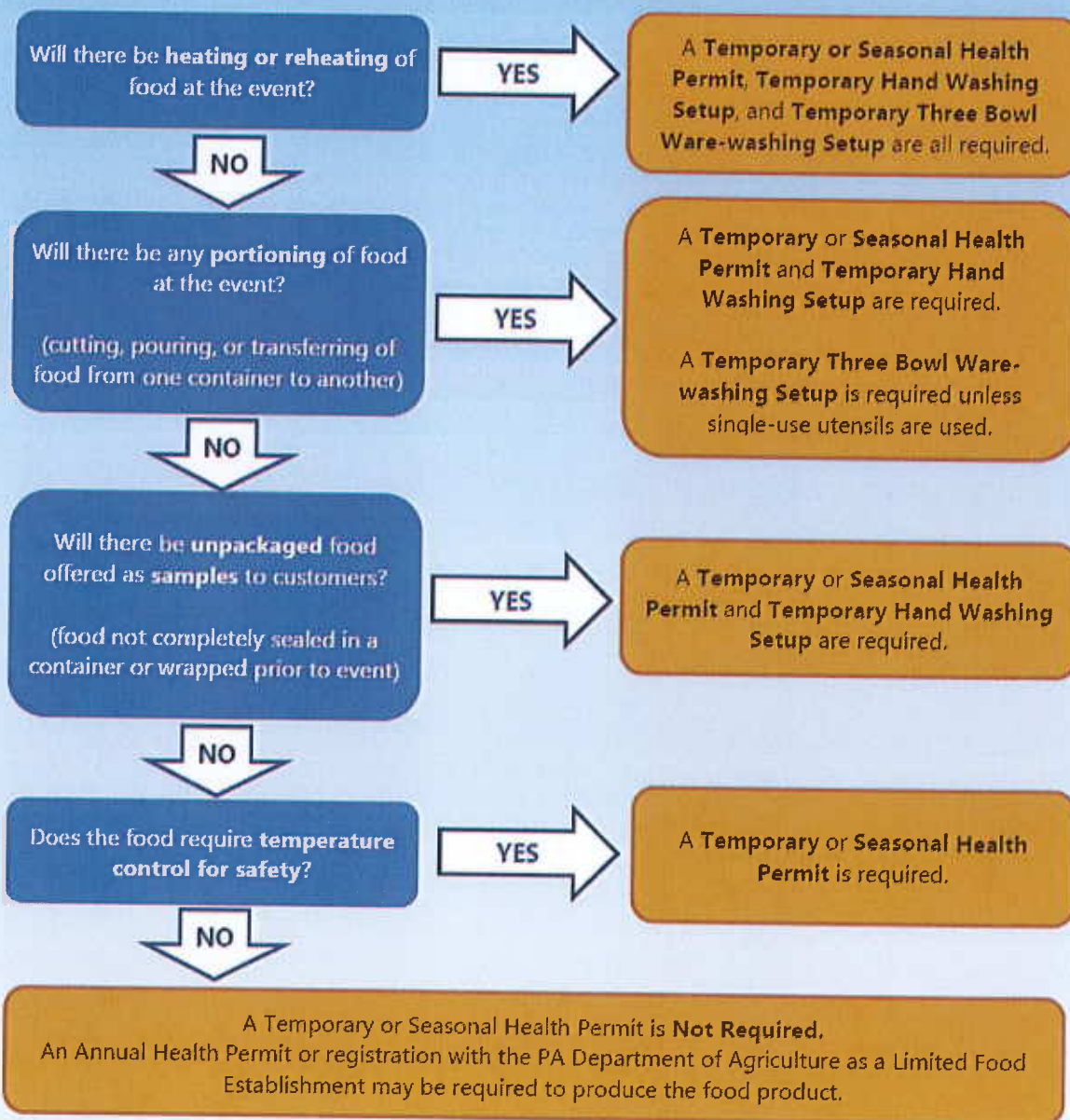
For questions regarding **Food Permits & Requirements**, please **contact the health department directly at 412-578-8044**, as Levy & DLCC do not act on their behalf.



Food Safety Permits

Temporary or Seasonal Food Stands Requirement Flow Chart

This chart shows the basic water supply and food permitting requirements for your temporary or seasonal food stand. For more information and to read the full requirements, please visit: <https://bit.ly/ACHD-Temp-Permits>.



Questions? Call or email:

Food Safety Program • 2121 Noblestown Road, Suite 210 • Pittsburgh, PA 15205
phone: (412) 578-8044 • fax: (412) 578-8190 • email: foodsafety@alleghenycounty.us