



#### AUTHORIZATION REQUEST: SAMPLE FOOD AND/OR BEVERAGE DISTRIBUTION

SAVOR...Jacksonville has the exclusive food and beverage distribution rights within the Prime F. Osborn III Convention Center Jacksonville Veterans Memorial Arena, Times Union Center for the Performing Arts & The Ritz Theatre and Museum. Exposition sponsoring organizations and their exhibitors may distribute SAMPLE food and beverage products with written authorization ONLY.

#### **GENERAL CONDITIONS:**

- Items dispensed are limited to products manufactured or produced by the exhibiting firm
- All items distributed are limited to sample sizes:
  - a. Beverages limited to maximum of 4 oz. containers.
  - b. Food items limited to "bite size": (2 oz. or less).
- Alcoholic beverages are not permitted under this authorization
- Use of cooking equipment must have written approval of SAVOR...Jacksonville.
- Show management or exhibitor is responsible for securing a City of Jacksonville Health Permit (if required).
- Any request for supplies day of event will be charged a \$100.00 flat rate plus the cost of the item. Please contact SAVOR...Jacksonville at least 7 days prior to the show if you need supplies like napkins, cups, ice or refrigeration.
- If items are being delivered, standard fees for storage, handling, delivery, etc. will be charged where applicable.
- If you are not a food and beverage provider & want to use food and beverage items as traffic promoters, please contact the Catering Sales Manager for approved traffic promoters
- Any items not in compliance or receiving prior approval, will asked to be removed
- The applicant named below acknowledges they have sole responsibility for use, service, and disposition of such items in compliance with all applicable laws. Accordingly, the applicant agrees to indemnify and forever hold harmless <code>SAVOR...Jacksonville</code>, the Prime F. Osborn Convention Center, the City of Jacksonville and its agents from all liabilities, damages, losses, costs or expenses resulting directly or indirectly from their use distribution or other dispensed food and beverage items.

Name of Event		Event Date(s)	
Firm Name	Telephone	·	Fax
Address			
City	State	Zip Code	Booth #
On Site Contact		Title	
Signature	Date		
Size of portion to be dispensed			
Product(s) you wish to dispense  Size of portion to be dispensed			
SERVICES REQUIRED: Please notify SAVORJacks services.  NOTE: All samples MUST receive prior approval and c Prime F. Osborn Convention Center, Jacksonville Vetera Ritz Theatre & Museum. Exhibitors who do not comply	confirmation from ans Memorial Are	the Sales Manager; SA na and Times Union Ce	VORJacksonville and the enter for the Performing Arts,
APPROVED	AP	PROVED	
Director of F&B, SAVOR Jacksonville		Sales Manag	ger, SAVORJacksonville

PLEASE RETURN TO OUR CATERING OFFICE AT LEAST 7 DAYS PRIOR TO THE START OF THE SHOW



## Trade Show Vendor Food & Beverage Buyout & Right to Distribute Traffic Promoters

SAVOR...Jacksonville has the exclusive food and beverage distribution rights within the Prime F. Osborn III Convention Center Jacksonville Veterans Memorial Arena, Times Union Center for the Performing Arts & Ritz Theatre and Museum. Exposition sponsoring organizations and their exhibitors may distribute SAMPLE food and beverage products with written <u>authorization ONLY</u> inherent to their business. Vendors may distribute and/or sell larger portions and/or sell ready to eat food and limited beverage items during show dates and times with a buyout fee and written <u>approval ONLY</u>. Use of traffic promoters not associated with the business may also require a buy- out fee (ie; individually wrapped candy enticing people to stop by the booth is allowed. Cookies, coffee and/or brownies would require a buyout or purchase from SAVOR)

#### **GENERAL CONDITIONS:**

- Alcoholic beverages, bottled water, soft drinks and some energy drinks are not permitted & must be purchased from SAVOR
- Use of cooking equipment must have written approval of SAVOR...Jacksonville
- Show management or exhibitor is responsible for securing a City of Jacksonville Health Permit (if required).
- Any request for supplies day of event will be charged a \$100.00 flat rate plus the cost of the item. Please contact SAVOR...Jacksonville at least 7 days prior to the show if you need supplies like napkins, cups, ice or refrigeration
- If items are being delivered, standard fees for storage, handling, delivery, etc. will be charged where applicable
- Exhibitors who do not comply will be asked to remove the items from the facility
- The applicant named below acknowledges they have sole responsibility for use, service, and disposition of such items in compliance with all applicable laws. Accordingly, the applicant agrees to indemnify and forever hold harmless <code>SAVOR...Jacksonville</code>, the Prime F. Osborn Convention Center, Jacksonville Veterans Memorial Arena, Times Union Center for the Performing Arts & Ritz Theatre and Museum and the City of Jacksonville and its agents from all liabilities, damages, losses, costs or expenses resulting directly or indirectly from their use distribution or other dispensed food and beverage items.

Fees for Food & Beverage Buyout:

\$150.00 for multi day shows (all days)

\$100.00 for (1) day shows
\$150.00 for multi day shows (all days)

Accepted By: C	ompany: Date:
Product(s) you wish to sell:	
Event name:	Event Date(s):
APPROVED	

PLEASE RETURN TO THE CATERING SALES MANAGER ALONG WITH PAYMENT AT LEAST 7 DAYS PRIOR TO THE START OF THE SHOW

SAVOR...Jacksonville Lindsey Tucker Phone: (904) 630-4057 ltucker@savorjax.com



### CREDIT CARD AUTHORIZATION REQUEST FORM

# TO GUARANTEE YOUR ORDER PLEASE COMPLETE THE REQUESTED INFORMATION AND FAX TO US AT **904-854-6669** or **email to your Catering Sales Manager**

Organization Name:	Date	Date:			
Contact Name:					
Mailing Address:					
Telephone Number for Card Holder:					
Cell Phone Number:	Fax Number:				
Email 1 Address:					
Event Name:	Event Date(s)				
Credit Card (check type of card): Visa	M/C AmEx	Discover			
Account Number:	Exp. Date:	(3-4) Digit On Back			
Card Holder's Name:					
Card Holder's Billing Address:					
Card Holder's Signature					
*************	*********	*********			
Accounting Department Use Only					
Total Estimated Charges:	<del></del>				
Deposit Charged:	Date Authorized:	Date Authorized:			
Remaining Balance Charged:	Date Authorized: _	Date Authorized:			
Other Charged:	Date Authorized:	Date Authorized:			