

SAMPLING REQUEST FORM

Approval is granted on a case-by-case basis. Note that submitting this form it is not a guarantee of sampling approval, which is granted at Sodexo Live!'s discretion.

Email all completed forms to foodprepandsample@lvcva.com

COMPANY INFORMATION*

Name of the Event _____ Booth Number _____

Company Name _____

Company Address _____

City _____ State/Province _____ Zip Code _____

Primary Contact _____ Cell Number _____

Email _____

PRODUCT TO BE SAMPLED *

Food _____ (Portion size of 2oz or less)

Beverage _____ (Portion size of 3oz or less)

Alcohol* _____ (Portion size of 1oz or less)

**Sodexo Live! Bartenders are required to distribute the product starting at \$300+/- minimum four hours, \$75+ each additional hour*

WILL YOU BE COOKING OR HEATING FOOD

No

Yes, an LVCC Fire Prevention coordinator will be in contact.

Heating or cooking equipment to be used:

SNHD requires a hand washing & sanitation kit when product is not sealed.

I need to rent one from Sodexo Live! for a one time rental fee of \$150+

I will be providing my own.

Booth Size _____

Per the Southern Nevada Health District, a sanitation station must include the following:

- 5 gallon hot water supply tank
- 5 gallon waste water tank/bucket
- Liquid hand soap in a pump dispenser
- Single-use paper towels
- Food grade Sanitizing wipes (no rinse)

Water must be replenished as needed and hold a temperature of 110-112°F



SAMPLING AGREEMENT

Sodexo Live! has exclusive food and beverage distribution rights within The Las Vegas Convention Center. Exposition sponsoring organizations and their exhibitors may distribute sampled food or beverage products ONLY upon Written Authorization from Sodexo Live!.

GENERAL CONDITIONS

Exhibitors who directly manufacture, produce or distribute the intended product(s) may be given permission to sample portions of their products contingent on approval from Sodexo Live! The product(s) must be related to nature of the event. Exhibitors who do not directly manufacture, produce or distribute the product, may NOT sample or bring in any outside food and/or beverage. As the exclusive food and beverage provider for the Las Vegas Convention Center all food and beverage must be ordered through Sodexo Live! Sampled products may only be distributed within an Exhibitor's Booth, you are not authorized to sample in meeting rooms. Samples are not permitted to be sold.

Exhibitors acknowledge all Sodexo Live! approved sample(s) are limited to a specific size:

- a. Food limited to a maximum of 2oz per sample.
- b. Non-Alcoholic Beverage limited to maximum of 3oz per sample.
- c. Alcohol limited to maximum of 1oz per sample. Sample must include mixer

Exhibitors acknowledge that samples distributed larger than the sizes listed above will be subject to additional fees per product charged at cost of the Exhibitor(s), or operations will be terminated.

Exhibitors acknowledge responsibility for adhering to all Federal, State and Local Health Department Regulations for preparation and distribution of food or beverage.

Exhibitors acknowledge responsibility for storage, handling, delivery and service of all equipment and products to execute the sampling activation(s). Exhibitors acknowledge Sodexo Live! is not liable for actions or damages resulting from equipment utilized from the sample activation(s).

Exhibitors acknowledge a Certificate of Liability Insurance naming Sodexo Live! and The Las Vegas Convention Center must accompany your Sampling Request Form thirty (30) days prior to the event start date. Requests received by Sodexo Live! within and after the thirty (30) day period will not be considered for approval. Your company's name as contracted with Sodexo Live! and The Las Vegas Convention Center must appear on the Certificate of Insurance. Sodexo Live! reserves the right to terminate any sampling operations that does not have a Certificate of Insurance with the appropriate verbiage on file.

WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

In consideration of being permitted to participate at The Las Vegas Convention Center in a supervisory capacity, the sampling as detailed on the authorization request, the undersigned, heirs and personal representatives or assigns, do hereby release, waive, discharge and covenant not to sue Sodexo Live! and The Las Vegas Convention Center, their officers, employees and agents from any and all claims resulting from personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in.

By signing this form, I agree to the terms and conditions listed acknowledging that Sodexo Live! reserves the right to terminate any sampling activation leading up to or during an event at Sodexo Live!'s discretion and submitting this agreement is not a guarantee of sampling approval.

Print Name*: _____

Company/Business/Organization Name* _____

Signature*: _____ Date*: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/5/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Producer	CONTACT NAME:	
	PHONE (A/C. No. Ext): 630-773-3800	FAX (A/C. No): 630-285-4006
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
Insured License#: BR-724491 MPMFOOD-03	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1503257080

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			OBCH175336	2/10/2024	2/10/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			AWCH175323	2/10/2024	2/10/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			OBCH175336	2/10/2024	2/10/2025	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> N/A	WZCH175327	2/10/2024	2/10/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional insured required by written contract or agreement: Sodexo Live! and the LVCVA.

CERTIFICATE HOLDERSodexo Live! & LVCVA
3150 Paradise Rd.
Las Vegas Nv. 89109**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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