



AUTHORIZATION REQUEST FOR FOOD & BEVERAGE

Spectra Food and Beverage has exclusive food and beverage distribution rights within The Duke Energy Convention Center.

Ohio State Law prohibits any person or organization from bringing alcoholic beverages onto a licensed premise.

All alcoholic beverages for display or distribution **MUST** be purchased from *Spectra Food and Beverage*.

Event sponsoring organizations and/or their exhibitors may distribute sample food and/or beverage products **ONLY** upon written authorization.

Duke Energy Convention Center exhibitors may distribute Food & Beverage samples in authorized space and must not be in competition with products or services offered by *Spectra Food and Beverage*. Samples must be representative of products manufactured or sold by the company exhibiting. Free samples are limited to 4 ounces of non-alcoholic beverage 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. No alcoholic samples may be distributed. Any exhibitor giving away and/or selling food in their booth must have a permit and all appropriate fees on file with the Cincinnati Department of Health.

GENERAL CONDITIONS:

Items dispensed are limited to products manufactured, processed or distributed by exhibiting firm.

All Items are limited to "SAMPLE SIZE".

o Beverages limited to maximum 4oz. container

o Food items limited to "bite size" or 2oz.

o Food and/or beverage items used as traffic promoters (i.e. popcorn, coffee, bar services) **MUST** be purchased from *Spectra Food and Beverage*.

Product(s) you wish to dispense

Size of portion to be dispensed

SERVICE REQUIRED

Dry Storage: ___ No ___ Yes (\$150.00 per day) per pallet
___ Freezer ___ Refrigerator (\$40.00 per day)
___ 20lb. bag of ice @ \$25.00 per bag

Approved: _____ Approved: _____
Spectra Food and Beverage *Duke Energy Convention Center Manager*

Name of Event: _____ Date: _____

Booth No. _____

Company Name: _____ Phone No. _____
Address: _____

Show Manager Approval: _____ Date: _____

****Please send Sample Request Form to Catering Sales Manager- Kathy.Heyman@spectrarp.com or fax 513.419.7262****