**SEVIERVILLE CONVENTION CENTER**
**202 GISTS CREEK RD**
**TELEPHONE: (865)868-1514 FAX (865)868-1519**
**EMAIL: scott.tallon@oakviewgroup.com**

# AUTHORIZATION REQUEST

## *SAMPLE FOOD AND/OR BEVERGE DISTRIBUTION*

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Oak View Group (OVG) Hospitality has exclusive food and beverage distribution rights within the Sevierville Convention Center.

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

Sevierville Convention Center exhibitors may distribute Food & Beverage in authorized space and must not be in competition with products or services offered by OVG. Offerings must be representative of products manufactured or sold by the company exhibiting. Exact descriptions of sample and portion size must be submitted to the Food and Beverage Office for written approval 30 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 Tennessee Department of Health and Tennessee Department of Revenue.

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### GENERAL CONDITIONS:

- Items dispensed are limited to products manufactured, processed or distributed by exhibiting firm.
- All items are limited to **agree upon selling portion**
  - Beverages limited to maximum range of *2oz-16oz unless otherwise agreed upon.*
  - Food items limited to *"bite size" or 2oz.*
  - Food and/or beverage items used as traffic promoters (i.e. popcorn, coffee, bar services) **must** be purchased from OVG.

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Product(s) you wish to dispense _____

Size of portion to be dispensed _____

Proposed method of dispensing _____

Please explain purpose of offering samples _____

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**SERVICE REQUIRED**

| | | | |
|---|---|---|---|
| **Dry Storage:** | _____ No | _____ Yes | $150.00 per day, per pallet |
| | _____ Freezer | _____ Refrigerator | $50.00 per day |
| | _____ 20 lb. bag of ice | | $25.00 per bag |
| | _____ Buy-Out Agreement | | "varies per item(s) per day" |

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Name of Event:_____ Date of Event: _____ Booth/Location _____

Firm Name:_____ Phone No. _____

Address:_____
STREET CITY STATE ZIP CODE

By:_____ Signature:_____ Date:_____
(PRINT OR TYPE NAME & TITLE)

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Approved_____ Approved_____
OVG Representative Sevierville Convention Center Director