

**OVG at the SEVIERVILLE CONVENTION CENTER**  
**202 GISTS CREEK RD**  
**TELEPHONE: (865)868-1514      FAX (865)868-1519**  
**[Scott.tallon@oakviewgroup.com](mailto:Scott.tallon@oakviewgroup.com)**  
**AUTHORIZATION REQUEST**  
***SAMPLE FOOD AND/OR BEVERAGE DISTRIBUTION***

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

Event 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**

<b>Dry Storage:</b> _____ No      _____ Yes	\$150.00 per day, per pallet
_____ Freezer      _____ Refrigerator	\$50.00 per day, each
_____ 80 lb. bin of ice	\$25.00 per bin
\$_____ Buy-Out Agreement	"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 \_\_\_\_\_  
OVG Representative

Approved \_\_\_\_\_  
Sevierville Convention Center Director