

SAMPLING & SELLING POLICY

FOR FOOD & NON-ALCOHOLIC BEVERAGES PROVIDED BY VENDORS

Levy retains the exclusive right to provide all food and beverage services throughout the David L. Lawrence Convention Center.

Prior to booking booth space, exhibitors must request to sample/sell food & NA beverage and receive permission only upon written authorization from LEVY. Once approved by Levy, exhibitors must complete the appropriate forms with certificate of insurance and returning the forms to the Levy Catering Department **thirty (30) days prior to the start of the show.**

***** Food/Beverage prepared in a private home that is not a state-registered Limited Food Establishment may not be used or sold at the DLCC. *****

SAMPLING & SELLING REQUIREMENTS

FOOD

- Samples are to be bite-sized & INDIVIDUALLY presented to guests via cup, plate or napkin
- Items sold must be completely packaged/sealed with the intent for offsite consumption only

NON-ALCOHOLIC BEVERAGE

- Samples are limited to a 2 ounce portion
- The sale of full size, individual beverages is NOT permitted - this is a violation of the DLCC beverage agreements. **Beverages can be sampled only.**

As of March 23, 2022 per the Pennsylvania Liquor Control Board,
CONSUMABLE CBD CANNOT BE SOLD, SAMPLED OR CONSUMED ON DLCC PREMISES
AS THIS VIOLATES THE DLCC LIQUOR LICENSE AND IS UNLAWFUL IN PENNSYLVANIA.
Examples include gummies, edibles, non-alcoholic beverages and tinctures.

In addition to the above requirements, each booth must adhere to the following:*

- Items dispensed are limited to those products that are manufactured, processed or distributed by the entity requesting permission. *Food/Beverage must be prepared in a state-registered Limited Food Establishment.*
- Each vendor is required to complete a certificate of insurance as outlined in the example on pages 4 & 5.
- **VENUESHIELD**
 - If items are NOT pre-packaged or sealed, vendors must have a breath barrier (sneeze guard) protecting the non-packaged items. The breath barrier shall be obtained by the vendor; in which they can do so independently. Any items given to a guest must be dispensed to the guest in a cup or on a plate/napkin. Examples include but not limited to: fudge, nuts, popcorn, baked goods and the like)
- **PER THE ALLEGHENY COUNTY HEALTH DEPARTMENT**
 - Each vendor is required to apply for a temporary health permit **SEE PAGE 6** - [website link here](#)
 - Both Hand Sanitizer and Sanitizing wipes **MUST** be at each booth for staff use to disinfect/sanitize high-touch areas that are frequently used
 - Anyone assembling food or beverage onsite (not prepackaged before arrival to DLCC), must have a handwashing station per the ACHD guidance **SEE PAGE 6**

~If any of the above are not complied, Levy reserves the right to revoke approval on-site~

Requirements for food and beverage dispensing are subject to change based upon state requirements

For additional information, please contact the Levy Catering Sales Department

Lindsey Custozzo, Director of Catering Sales—lindsey.custozzo@levyrestaurants.com - 412.325.6162
Cailin Calub, Catering Sales Manager - cailin.calub@levyrestaurants.com - 412.325.6194
Danielle Williams, Catering Sales Manager - danielle.williams@levyrestaurants.com - 412.325.6173
Rachel Whaley, Catering Sales Manager - rwhaley@levyrestaurants.com - 412.325.6121

AUTHORIZATION REQUEST FORM

FOOD & NON-ALCOHOLIC BEVERAGES

Outside food vendors are considered any entity selling consumable food items within the DLCC.
These vendors are required to pay a flat fee based on the number of show days as follows:

1-2 day show - \$107.00

3-4 day show - \$214.00

5 or more day show - \$321.00

(All fees include PA sales tax of 7%)

Authorization Request Form:

Levy retains the exclusive right to provide all food and beverage services throughout the David L. Lawrence Convention Center. This exclusive agreement prohibits exhibitors or other event participants from importing ANY food and beverage into the David L. Lawrence Convention Center without written approval of Levy. Complete and return this form to receive authorization to sample and sell product prior to booking your booth space.

This policy is strictly enforced. Violations will result in products being removed from show floor.

Name of Show/Event: _____

Event Date: _____

Company Name: _____

Booth Number: _____

Contact Name: _____ Phone Number: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Product you wish to sample (if applicable): _____

Product you wish to sell (if applicable): _____

REMINDER: The sale of individual non-alcoholic beverages and consumable CBD is NOT permitted.

Anticipated Quantity: _____

Additional Comments: _____

Vendor Signature: _____ Date: _____

(Your signature identifies that you have read and understand the terms and conditions of this policy)

Approved: _____ Date: _____

Levy General Manager

Please return this form to the Levy Catering Department thirty (30) days prior to the start of the show along with the Certificate of Insurance & payment.



PAYMENT FOR SELLING & CHECKLIST

**Payment is required by any entity selling food items at the David L. Lawrence Convention Center.
The sale of individual non-alcoholic beverages is NOT permitted.**

In addition to completing the authorization form, food vendors are required to pay a flat fee based on the number of show days.

Company Name: _____

Name of Show/Event: _____

Event Date: _____

Please check the appropriate box:

☐ 1-2 day show - \$107.00 (includes tax)

☐ 3-4 day show - \$214.00 (includes tax)

☐ 5 + day show - \$321.00 (includes tax)

METHOD OF PAYMENT:

Levy accepts Credit Card or Check.

All payments must be received no later than 7 business days prior to the start of the show. *Any vendor with outstanding payment will be asked to leave the facility.*

Please check the appropriate box for the method of payment being provided to Levy:

☐ **Credit Card Payment:**

Secure link via email

Email: _____

☐ **Payment via Check:**

Made payable to **Levy Convention Centers**
Mail to: 1000 Ft. Duquesne Blvd.
Pittsburgh, PA 15222

CHECKLIST

☐ **Completed DLCC Authorization Request & Method of Payment Form**

☐ **Certificate of Insurance** - with correct language (see example page 4 & 5)

☐ **Hand Sanitizer and Sanitizing Wipes** for booth staff to clean and sanitize frequently touched surfaces and hands.

☐ **Reviewed Allegheny County Health Department information** - from their [website link here](#) & **PAGE 6**

Vendor Signature: _____ Date: _____

(Your signature identifies that you have read and understand the payment terms and conditions of this policy)

SAMPLE - CERTIFICATE OF INSURANCE

Your insurance **MUST** have the exact information as highlighted on the sample.
REVIEW PAGE 5 for SPECIFIC LANGUAGE REQUIREMENTS.

ACORD		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) Date Issued			
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 Name		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:		FAX (A/C, No):			
INSURED		INSURER(S) AFFORDING COVERAGE INSURER A : Carrier with at least A Best rating & VIII Financial Si INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :		NAIC #			
COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO THE 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 CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	12345			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 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"/> AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y	Y	123456			EACH OCCURRENCE \$ AGGREGATE \$ DED RETENTION \$
A	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Y	123456		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) To the extent that any of the additional insureds named herein are liable for occurrences arising out of the named insured's negligent acts or omissions, the insurance afforded to the additional insureds under this endorsement is primary insurance over any other valid or collectible insurance which the additional insureds may have with respect to loss under any of the listed policies. Other insurance of any additional insured applicable to loss is non-contributory and excess over the coverage provided by this endorsement, and the amount of the company's liability under this policy shall not be reduced by the existence of such other insurance Levy Premium Foodservice Limited Partnership; Levy, Levy Restaurant Limited Partnership, Levy GP Corp., Levy Holdings GP, Inc., Compass Group USA, Inc., Levy-Compass Group Holdings S.L., Compass Group PLC, Sports & Exhibition Authority of Pittsburgh and Allegheny County, the City of Pittsburgh, Allegheny County, the Commonwealth of Pennsylvania, ASM and SMG, including, but not limited to, all related partnerships, corporations and limited liability companies, whether currently existing or hereafter formed, and specifically including all of their respective owners, partners, shareholders, members, officers, directors and managers. 30 day cancellation notice.							
CERTIFICATE HOLDER				CANCELLATION			
Levy Restaurants David L. Lawrence Convention Center 1000 Fort Duquesne Blvd Pittsburgh, PA 15212				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			

Coverage limits must be no less than what is stated

Policy dates ("effective" and "expiration") need to be current and cover the period work will be performed

SAMPLE - CERTIFICATE OF INSURANCE

**Your insurance MUST have the exact information as highlighted on the sample.
Below are the SPECIFIC LANGUAGE REQUIREMENTS.**

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) To the extent that any of the additional insureds named herein are liable for occurrences arising out of the named insured's negligent acts or omissions, the insurance afforded to the additional insureds under this endorsement is primary insurance over any other valid or collectible insurance which the additional insureds may have with respect to loss under any of the listed policies. Other insurance of any additional insured applicable to loss is non-contributory and excess over the coverage provided by this endorsement, and the amount of the company's liability under this policy shall not be reduced by the existence of such other insurance Levy Premium Foodservice Limited Partnership; Levy, Levy Restaurant Limited Partnership, Levy GP Corp., Levy Holdings GP, Inc., Compass Group USA, Inc., Levy-Compass Group Holdings S.L., Compass Group PLC, Sports & Exhibition Authority of Pittsburgh and Allegheny County, the City of Pittsburgh, Allegheny County, the Commonwealth of Pennsylvania, ASM and SMG, including, but not limited to, all related partnerships, corporations and limited liability companies, whether currently existing or hereafter formed, and specifically including all of their respective owners, partners, shareholders, members, officers, directors and managers. 30 day cancellation notice.	
CERTIFICATE HOLDER Levy Restaurants David L. Lawrence Convention Center 1000 Fort Duquesne Blvd Pittsburgh, PA 15212	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

ACORD 25 (2016/03)

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Description of Operations Must Include:

To the extent that any of the additional insureds named herein are liable for occurrences arising out of the named insured's negligent acts or omissions, the insurance afforded to the additional insureds under this endorsement is primary insurance over any other valid or collectible insurance which the additional insureds may have with respect to loss under any of the listed policies. Other insurance of any additional insured applicable to loss is non-contributory and excess over the coverage provided by this endorsement, and the amount of the company's liability under this policy shall not be reduced by the existence of such other insurance.

Levy Premium Foodservice Limited Partnership; Levy, Levy Restaurant Limited Partnership, Levy GP Corp., Levy Holdings GP, Inc., Compass Group USA, Inc., Levy-Compass Group Holdings S.L., Compass Group PLC, Sports & Exhibition Authority of Pittsburgh and Allegheny County, the City of Pittsburgh, Allegheny County, the Commonwealth of Pennsylvania, ASM and SMG, including, but not limited to, all related partnerships, corporations and limited liability companies, whether currently existing or hereafter formed, and specifically including all of their respective owners, partners, shareholders, members, officers, directors and managers. 30 day Cancellation notice.

ALLEGHENY COUNTY HEALTH DEPARTMENT

For questions regarding **Food Permits & Requirements**, please **contact the health department directly at 412-578-8044**, as Levy & DLCC do not act on their behalf.



Food Safety Permits

Temporary or Seasonal Food Stands Requirement Flow Chart

This chart shows the basic water supply and food permitting requirements for your temporary or seasonal food stand. For more information and to read the full requirements, please visit:

<https://bit.ly/ACHD-Temp-Permits>.

Will there be **heating or reheating** of food at the event?

YES

A **Temporary or Seasonal Health Permit**, **Temporary Hand Washing Setup**, and **Temporary Three Bowl Ware-washing Setup** are all required.

NO

Will there be any **portioning** of food at the event?

(cutting, pouring, or transferring of food from one container to another)

YES

A **Temporary or Seasonal Health Permit** and **Temporary Hand Washing Setup** are required.

A **Temporary Three Bowl Ware-washing Setup** is required unless single-use utensils are used.

NO

Will there be **unpackaged** food offered as **samples** to customers?

(food not completely sealed in a container or wrapped prior to event)

YES

A **Temporary or Seasonal Health Permit** and **Temporary Hand Washing Setup** are required.

NO

Does the food require **temperature control for safety**?

YES

A **Temporary or Seasonal Health Permit** is required.

NO

A Temporary or Seasonal Health Permit is **Not Required**.
An Annual Health Permit or registration with the PA Department of Agriculture as a Limited Food Establishment may be required to produce the food product.



Questions? Call or email:

Food Safety Program • 2121 Noblestown Road, Suite 210 • Pittsburgh, PA 15205
phone: (412) 578-8044 • fax: (412) 578-8190 • email: foodsafety@alleghenycounty.us