Sampling Health & Safety Measures

- CDC approved masks are recommended during the event
- Exhibitors must adhere to Levy's approved sampling sizes of 2oz. for food, 4oz. for non-alcoholic beverages, 2oz. for wine & beer and .25oz for liquor
- Exhibitors must fill out and return the Sampling Form on page 3 to Levy
- Exhibitors must provide a COI (certificate of insurance) to Levy. Instructions are on page 3 &
- Exhibitors are encouraged not to leave samples out on a tray or countertop. Samples should be passed directly to the attendee
- Exhibitors are encouraged to provide individually wrapped food samples whenever possible
- Exhibitors handing out samples are encouraged to wear appropriate PPE. This includes gloves and CDC approved masks
- Plexi Shields (Sneeze Guards) for booths are recommended when sampling. These are available from Freeman or exhibitors may bring their own
- Hand washing stations in your booth are required when sampling. Please see page 3 for suggested items needed. You can bring your own or order from Freeman
- Exhibitors are encouraged to provide hand sanitizer for their booth staff and attendees to use when sampling

Health Permits

- 1. Fill out the Exhibitor Application on Pages 6-8. It is imperative that all fields are filled out accurately. To reduce additional fees, please ensure that your exhibit as name matches the name that will be displayed on your booth so that the inspector does not have any issues finding you for their on-site inspection.
- Once completed, submit your application to Renee Wulf, Senior Event Operations
 Manager. Renee will submit your form to the Health Department for processing on your
 behalf. Renee.Wulf@clarionevents.com
- 3. A handwashing station is required for each booth that is handing out samples. Please see page 5 for instructions on what to bring or you can order from Freeman

IMPORTANT NOTE: Permits can not be filed on site. Exhibitors that sample on-site without a health permit are subject to additional fees and will be forced to stop sampling.

Questions?

Renee Wulf

renee.wulf@clarionevents.com

HEALTH PERMITS DUE JULY 15th

SAMPLING AT THE LOS ANGELES CONVENTION CENTER





FIRST STEP: DO YOU QUALIFY?

Are you the Manufacturer or Distributor?

Sponsoring Organizations of expositions and trade shows, and/or their exhibitors, may distribute SAMPLE food and/or beverage products ONLY upon written authorization and adherence.

Items dispensed are limited to products Manufactured, Processed or Distributed by exhibiting companies.



All items are limited to SAMPLE SIZE and must be dispensed/distributed in accordance to Health Codes

Non-Alcoholic Beverages limited to maximum of 4 oz. No cans or bottles will be permitted.

Food items are limited to "bite size", not to exceed 2 oz. Portions or a 2 oz. prepackaged samples.





All alcohol sampling requires a Levy Bartender - fees apply

Alcoholic beverage sampling is permitted only if you are the manufacturer or distributor of the beverage. Alcoholic beverages must be "sample" sizes (2 oz. for beer/wine, .25 oz for liquor)
Handling/Storage fees may apply



Food or Beverage Products brought on The premises for consumption that do not Fall within the Sampling parameters

A buy-out fee will be determined by Levy on a case by case basis; however, the fee will be based on a percentage of the retail pricing for the food and/or beverage item and is subject to all applicable taxes and service charges.

FIFTH STEP: HEALTH DEPARTMENT

Every exhibitor that plans to sample food and beverage must obtain a Temporary Food Facility Permit through the LA County Health Department.

The permit is only valid for the specified site, dates, and business or organization. Each permit is limited to one food facility (exhibitor) operated by one owner. Please read over the full community event health department requirements (especially as it relates to hand washing and ware washing sinks).

Sampling exhibitors are all required to provide their own hand washing sink.

SIXTH STEP: EXHBITOR CHECKLIST

- ☐ Temporary Food Facility Application
 ☐
- Sampling Authorization Form
- □ Certificate of Insurance
- **PLEASE SEE SAMPLE COI ATTACHED
- **Please reach out to Show Management for more information on who to send each of these documents to

SAMPLING FORM

STORAGE AND DELIVERY FEES

Frozen Storage - \$250 per pallet per day Dry Storage - \$150 per pallet per day

If you aren't sending a full pallet, the storage price is \$35 per case per day.

Pallet Delivery \$75 per pallet

Case Delivery\$35 per delivery



EXHIBITING FIRM MUST PROVIDE LEVY WITH A CERTIFICATE OF INSURANCE SHOWING EVIDENCE OF COMMERCIAL LIABILITY WITH AN EACH OCCURRENCE LIMIT OF \$1,000,000.

PLEASE REVIEW THE ATTACHED SAMPLE.

| COMPANY NAME: | |
|---------------------------|-------------------------------------|
| BOOTH NUMBER: | |
| COMPANY ADDRESS: | PLEASE RETURN THIS |
| CONTACT NAME: | |
| TELEPHONE NUMBER: | REQUIRED DOCUMENTS |
| EMAIL ADDRESS: | |
| ONSITE CONTACT: | |
| ONSITE CELL PHONE NUMBER: | FOR ADDITIONAL SERVICES |
| ITEM SAMPLING: | AND OR INFORMATION PLEASE CONTACT: |
| DISTRIBUTION PURPOSE: | LEVY AT |
| QUANTITY: | |
| PORTION SIZE: | |
| METHOD OF DISPENSING: | |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/29/2019

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 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).

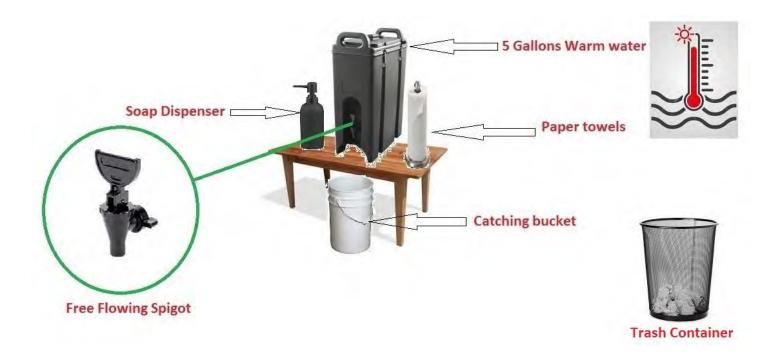
| C | ertificate holder in lieu of such endors | eme | nt(s) | | | | | |
|--|--|------|---|--|--|---------------|---|------------|
| PRO | DUÇER | | | | CONTACT NAME: | | | |
| | | | | | PHONE A/C, No. Ext): { E-MAIL ADDRESS: | _ | FAX (A/C, No): | |
| | | | | | | URER(S) AFFOR | RDING COVERAGE | NAIC# |
| ŀ | , CA | | | | INSURER A: Truck Insurance Exchange | | | 21709 |
| MSL | RED | | | | INSURER B: Farmers Insurance Exchange | | | 21652 |
| | | | | | INSURER C: Mid Century Insurance Company | | | 21687 |
| | | | | | INSURER D: | | | 21001 |
| | | | | | | | | - |
| | 1 | | | | INSURER E : | | | |
| co | VERAGES CER | TIFI | CATE | NUMBER: | INSURER F: | | REVISION NUMBER: | |
| II IN C | HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH | OF I | NSUF REMEI | RANCE LISTED BELOW HANT, TERM OR CONDITION THE INSURANCE AFFORE | OF ANY CONTRACT DED BY THE POLICIE | OR OTHER D | OCCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO ALL | WHICH THIS |
| NSR LTR | TYPE OF INSURANCE | ADDL | SUBR | | POLICY EFF | POLICY EXP | LIMITS | |
| _IR | GENERAL LIABILITY | INSR | WAD | POLICI NUMBER | (IMMUUN TYY) | (MM/DDMYYY) | EACH OCCURRENCE \$ | 1,000,000 |
| | X COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED | 100,000 |
| | 57 | | | | | 3 | | 5,000 |
| ٨ | CLAIMS-MADE X OCCUR | Υ | x | 602631901 | 10/01/2018 | 10/01/2019 | MED EXP (Any one person) \$ | 1,000,000 |
| Α | | ' | | 002031801 | 10/01/2010 | 10/01/2019 | PERSONAL & ADV INJURY \$ | 2,000,000 |
| | | } | | | | | GENERAL AGGREGATE \$ | |
| | POLICY PRO- LOC | | | | | | PRODUCTS - COMPIOP AGG \$ | 2,000,000 |
| A | AUTOMOBILE LIABILITY | 1 | x | | | | COMBINED SINGLE LIMIT (Ea accident) | 1,000,000 |
| | ANYAUTO | | | | | | BODILY INJURY (Per person) \$ | 1,000,000 |
| | ALL OWNED SCHEDULED AUTOS | Y | | 602631901 | 10/01/2018 | 10/01/2019 | BODILY INJURY (Per accident) \$ | 1,000,000 |
| | HIRED AUTOS X NON-OWNED AUTOS | | | | | | PROPERTY DAMAGE \$ | 1,000,000 |
| | X UMBRELLA LIAB X OCCUR | | YX | | 10/01/2018 | | EACH OCCURRENCE S | 5,000,000 |
| Α | EXCESS LIAB X CLAIMS-MADE | Y | | 605441576 | | 10/01/2019 | AGGREGATE \$ | 5,000,000 |
| | DED X RETENTIONS 10,000 | | | | | | \$ | |
| | WORKERS COMPENSATION | | 1 | | | | WC STATU- OTH- TORY LIMITS ER | |
| AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | | | | E.L. EACH ACCIDENT \$ | - |
| | OFFICER/MEMBER EXCLUDED? | N/A | | | | | E.L. DISEASE - EA EMPLOYEE \$ | |
| | If yes, describe under | | | | | | E.L. DISEASE - POLICY LIMIT \$ | |
| | DÉSCRIPTION OF OPERATIONS below | | | | | | EL BIOLING POLICY ENTITY | |
| | | | | | | | | |
| | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC | | | | Schedule, if more space is | required) | | |
| | dorsement - (IF APPLICABLE,WILL BE Entities below have been added as Add | | | | | | | |
| _ | | | | W-10- | CANCELLATION | | | |
| Levy Premium FoodService Limited Partnership & AEG/Los Angeles Convention Center | | | 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 | | | | | |
| 1201 S. Figueroa St. Los Angeles CA 90015 | | | | | | | | |

ACORD 25 (2010/05)

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Derek Anderson

Hand Washing Station at Community Event for 3 days or less



Hand washing sink:

- 1) A self-contained portable sink with 5 gallons of warm water (100°F), liquid soap, single use towels, and a trash container are available in the TFF.
- 2) For events of three days or less a gravity-fed container (with a catch basin) that can provide a continuous stream of warm water (100°F) may be used in place of a portable sink.



COMMUNITY EVENT TEMPORARY FOOD FACILITY APPLICATION

COUNTY OF LOS ANGELES
Public Health
Environmental Health

(*Submit 30 days in advance of the event)

Application submitted less than 14 calendar days prior to the start of the event will be subjected to an expedited processing fee (\$50.00 or 25% whichever is greater).

All payments shall be submitted 1 week prior to the event.

| Name of Event: | | | Date(s) of the Event: | to: |
|---|---|--|--|---|
| Name of Facility: | | Event (| Organizer: | |
| Facility Operator: | | | Booth #: | # of Food Employees: |
| | | | City: | Zip: |
| Telephone: | Fax: | E-mail: | | |
| Event Address: | | | City: | |
| On-site Phone: | | | | |
| ○ For-Profit ○ Non-Profit | t (Attach copy of approve | ed Exemption Certification | on for Community Event F | orm) |
| TEMPORARY FOOD FA | ACILITY TYPE: | | | |
| C Food Booth | Food Truck (| C Food Cart | Annual Food Booth | |
| FOODOPERATIONTY | | | | |
| Selling Pre-packaged |) Selling Pre-packaged wi | th Sampling C Sampl | ling only /Demonstration | C Food Preparation / Cooking |
| | | ODTO BESOLD/ | | |
| | | · | rary food facility or at a per | |
| List food items to be sold/served: (teriyaki chicken, burrito, popcorn, etc.) | Check if commercially pre-packaged: (unopened, crisinal containers) | Identify types of preparation at other location: (cutting, washing, cooking, etc.) | Identify types of preparation at booth: (assembly, portioning, cooking, etc.) | Identify means of temperature control at booth: (steam table, refrigerator, ice |
| | original containers) | cooking, etc.) | cooking, etc.) | chests, etc.) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| OFFICE USE ONLY: | | | | |
| Date Received: | Amount Pai | id: Rec | ceipt #: Ap _l | proved By: |

FOOD PREPARATION AT OTHER LOCATION All food preparation must be completed either in the approved temporary facility or at a permitted food facility. Identify any facility where advanced preparation will take place. An agreement form must be submitted for food preparation at a permitted food facility. Permit #: Name of Facility: Address of Facility: Method of food temperature control used during transportation: HOT/COLD HOLDING EQUIPMENT Identify methods of maintaining food hot or cold during hours of operation. ☐ Ice Chest Cold Table Cold Holding: Other (Specify): Steam Table Chafing Dishes ☐ Electric Soup Warmer Hot Holding: ☐ Hot Holding Cabinet ☐ Hot Dog Roller Grill Electric Rice Cooker/warmer Other (Specify): At the end of the operating day, all potentially hazardous foods that are held at 45°F shall be disposed. At the end of the operating day, all potentially hazardous foods held at or above 135°F shall be disposed. **EQUIPMENT/UTENSILS USED** Will multi-use kitchen utensils (knives, scoops, spatulas, bowls, etc.) be used inside the booth for food preparation? ○ Yes ○ No Identify all **equipment** that will be used in food preparation at the food booth: ☐ Barbecue Grill ☐ Range Burner ☐ Deep Fryer ☐ Griddle Charbroiler ☐ Mixer ☐ Blender Other (Specify): Identify all **utensils** that will be used in food preparation at the food booth: Multi-use eating and drinking utensils are prohibited (plates, glassware, etc.) FOOD PROTECTION (Required when displaying open food samples for customers) Identify methods of protecting foods from customer contamination. ☐ Sneeze Guards Only pre-packaged food or bottled drink ☐ Hinged chafing dishes Prepared and stored away from the customers Other (Specify): **FOOD BOOTH CONSTRUCTION (Not applicable when operating inside building structure)** Food preparation booths must be constructed with 4 sides, a washable floor and overhead protection. Pre-packaged food booths require a washable floor and overhead protection. Floor Material: Wall Material: Ceiling Material: Size of Pass through Window:

| | SINK REQUIREN | MENTS | | | | |
|---|----------------------------------|------------------------------------|--------------------------|--|--|--|
| Warewashing sink with hot and cold run | | | | | | |
| Event Organizer | □ P | re-packaged only (not required) | | | | |
| ☐ Temporary Food Facility Operator (com | plete Liquid Waste Disposal sec | tion) | | | | |
| * Handwashing sink with warm and cold run | ning water provided by (required | when food is prepared by cutting/p | oortioning/slicingetc.): | | | |
| ☐ Event Organizer | P | re-packaged only (not required) | | | | |
| ☐ Temporary Food Facility Operator (com | plete Liquid Waste Disposal sec | tion) | | | | |
| Type of handwashing equipment: | | | | | | |
| Permanently plumbed sink | S | elf-contained portable | | | | |
| Gravity fed unit equipped with free flow | w spigot | | | | | |
| Water Source: | | Volume of Water: | Gallons | | | |
| | | | | | | |
| | LIQUID WASTE DI | ISPOSAL | | | | |
| Liquid Waste Removal Provided By: | Event Organizer | TFF Operator | | | | |
| Method of Liquid Waste Removal: | Connected to public sewe | er Waste tank | Gallons | | | |
| Waste tank maintenance schedule: | | per day | per hour | | | |
| Provide the name, address and telephone number of Person(s) responsible for removal of liquid waste: | | | | | | |
| Name: | | | | | | |
| Address: | | | | | | |
| Telephone: | | | | | | |
| | | | | | | |
| I agree to voluntarily disposed any and all potentially hazardous food(s) held at 45 F and/or held at or above 135 F at the end of the operating day in a manner approved by the enforcement agency. | | | | | | |
| | | | | | | |
| Print Name: | | Signature: | | | | |
| I have completed the application to the best of my ability. I understand that I may be asked to provide additional information in order for the application to be approved and that the information provided is considered part of the application. | | | | | | |
| I understand that failure to meet the conditions identified in this application or failure to comply with requirements set forth in the California Health and Safety Code may result in the disposal of food, suspension of my approval to operate and/or may result in the filing of misdemeanor criminal charges. | | | | | | |
| I understand that once the application is reviewed the application fee is non-refundable including any expedited processing fee. | | | | | | |
| Application completed by: | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | |
| | | | | | | |
| Print Name: | | Telephone: | | | | |
| | | | _ | | | |
| Signature: | | CellPhone: | | | | |



ENVIRONMENTAL HEALTH

COUNTY OF LOS ANGELES

Public Health

Environmental Health

Bureau of District Surveillance & Enforcement 5050 Commerce Drive, Baldwin Park, CA 91706 Telephone: (626) 430-5200 • Website: http://www.publichealth.lacounty.gov/eh

COMMUNITY EVENT REQUIREMENTS CHECKLIST TEMPORARY FOOD FACILITIES

Health permit:

Permit posted at the Temporary Food Facility (TFF).

Food:

- Ingredients are purchased from approved sources and prepared in the TFF or a permitted food facility.
- All potentially hazardous foods (PHF) are held at or below 45°F or at or above 135°F.
- o Adequate supply of ice to keep food cold and a separate supply of ice to serve in drinks.
- o Food stored at least 6 inches above the floor.

Dish washing sink:

- A three-compartment sink available to wash, rinse, and sanitize utensils if open foods are handled.
- Dish washing sink has hot (120°F) and cold water running water, overhead protection, and is connected to the sewer or a holding tank.
- Detergent and chlorine bleach or other approved sanitizer is available to wash, rinse and sanitize equipment and utensils.

Hand washing sink:

- A self contained portable sink with 5 gallons of warm water (100°F), liquid soap, single use towels, and a trash container are available in the TFF.
- For events of three days or less a gravity-fed container (with a catch basin) that can provide a continuous stream of warm water (100°F) may be used in place of a portable sink.

Food booth:

All Food Booths:

Booth has overhead protection and a floor of concrete, asphalt, or wood.

Food Booths with open foods:

- Booth has four walls of solid material or 16 mesh per square inch screen. Pass through windows for customer service are 216 square inches or less.
- o Alternatively, TFFs offering samples may maintain samples in covered containers.
- Barbecues, grills, or other approved outdoor cooking equipment are located adjacent to the TFF and with a barrier to prevent public access.

Additional information regarding the requirements for community events, including variances to the requirement for one dishwashing sink per four TFFs with food preparation, is available in the Requirements for Community Events booklet.

COMMUNITY EVENT REQUIREMENTS CHECKLIST EVENT ORGANIZERS

Health permit:

- Organizer permit and approved plot plan are available at the event.
- o All TFFs operating at the event have obtained permits.

Food employee toilet facilities:

- o One (1) toilet for each 15 food employees is located within 200 feet of each TFF.
- One (1) hand washing sink with warm water (100°F), liquid soap, single use towels, and a trash container for towel waste is available for every toilet.

Public toilet facilities:

- Adequate toilet facilities (permanent or portable) are available for public use.
- One hand washing sink is available for every four (4) toilets. Sinks are stocked with liquid soap, single use towels, and a trash container for towel waste.

Dish washing sinks:

- o 25 gallons of potable water is available for each TFF using the dish washing sink.
- o No more than four TFFs with food preparation share a dish washing sink.
- Sinks have hot (120°F) and cold running water and are properly connected to the sewer system or holding tanks.

Hand washing sinks:

See temporary food facilities section.

Liquid waste:

 A sewage transport vehicle is available (on call) to service portable toilets and remove liquid waste from sinks' holding tanks.

Trash/waste:

- Trash containers with watertight plastic bag inserts are available adjacent to TFFs and throughout the event as needed.
- o Trash containers are emptied and bags replaced on a regular basis to prevent a nuisance.

Animals:

- Animals are maintained at least 20 feet away from TFFs (except service animals).
- Animal waste from petting zoos or other animal attractions is removed on a daily basis and stored in a covered container.

The event organizer is not required to provide booths, dish washing sinks, or hand washing facilities to each individual TFF operator; however it is the organizer's responsibility to ensure that TFF operators have approved booths and required dish washing and hand washing facilities prior to the start of the community event.

If you have questions regarding further requirements for community events, please visit our website at http://www.publichealth.lacounty.gov/eh or contact the Bureau of District Surveillance & Enforcement at (626) 430-5200.