

Sodexo Live! and The Expo at World Market Center Las Vegas require specific information for all on-site food and beverage preparation and sampling to ensure compliance with Southern Nevada Health Department and Fire Safety Codes

E	imail all completed forms to centerplatel	asvegas@sodexo.com
COMPANY INFORMATIO	N*	
Name of the Event		Booth Location:
Company Name		
Company Address		
City	State/Providence	Zip Code
Primary Contact	Cell Number	
Email		
PRODUCT TO BE SAMPLI	ED *	
Food		Max size 3oz
Non-Alcoholic Beverage		Max size 2oz
		Max size Beer 5oz, Wine 2oz, Liquor 1oz (including mixers)
*If you wish to sample a	lcohol, contact your Catering Sale	es Representative as specific laws apply*
Demonstration		
		sampled product but wishes to use food and/or beverage to eck here and a Sodexo Sales representative will be in
WILL YOU BE COOKING	OR HEATING FOOD*	
No		
Yes, a City of Las Vegas	Fire Marshal will be in contact.	
HEATING OR COOKING	EQUIPMENT TO BE USED*	
	-	

## SNHD requires a hand washing & sanitation kit when product is not sealed.

I need to rent one from Sodexo Live! for a one time rental fee of \$150+ I will be providing my own.

Booth Size \_\_\_\_\_

Per the Southern Nevada Health District, a sanitation station must include the following:

- 5 gallon hot water supply tank
- 5 gallon waste water tank/bucket
- Liquid hand soap in a pump dispenser
- Single-use paper towels
- Food grade Sanitizing wipes (no rinse)

Water must be replenished as needed and hold a temperature of 100-110°F



# SAMPLING AGREEMENT

Sodexo Live! has exclusive food and beverage distribution rights within The Expo at World Market Center Las Vegas. Exposition sponsoring organizations and their exhibitors may distribute sampled food or beverage products ONLY upon Written Authorization from Sodexo Live!.

#### **GENERAL CONDITIONS**

Exhibitors who directly manufacture, produce or distribute the intended product(s) may be given permission to sample portions of their products contingent on approval from Sodexo Live! The product(s) must be related to nature of the event. Exhibitors who do not directly manufacture, produce or distribute the product, may NOT sample or bring in any outside food and/or beverage. As the exclusive food and beverage provider for he Expo at World Market Center Las Vegas all food and beverage must be ordered through Sodexo Live! Sampled products may only be distributed within an Exhibitor's Booth, you are not authorized to sample in meeting rooms. Samples are not permitted to be sold.

Exhibitors acknowledge all Sodexo Live! approved sample(s) are limited to a specific size:

- a. Food limited to a maximum of 2oz per sample.
- b. Non-Alcoholic Beverage limited to maximum of 3oz per sample.
- c. Alcohol limited to maximum of 1oz per sample. Sample must include mixer

Exhibitors acknowledge that samples distributed larger than the sizes listed above will be subject to additional fees per product charged at cost of the Exhibitor(s), or operations will be terminated.

Exhibitors acknowledge responsibility for adhering to all Federal, State and Local Health Department Regulations for preparation and distribution of food or beverage.

Exhibitors acknowledge responsibility for storage, handling, delivery and service of all equipment and products to execute the sampling activation(s). Exhibitors acknowledge Sodexo Live! is not liable for actions or damages resulting from equipment utilized from the sample activation(s).

Exhibitors acknowledge a Certificate of Liability Insurance naming Sodexo Live! and The Expo at World Market Center Las Vegas must accompany your Sampling Request Form thirty (30) days prior to the event start date. Requests received by Sodexo Live! within and after the thirty (30) day period will not be considered for approval. Your company's name as contracted with Sodexo Live! and he Expo at World Market Center Las Vegas must appear on the Certificate of Insurance. Sodexo Live! reserves the right to terminate any sampling operations that does not have a Certificate of Insurance with the appropriate verbiage on file.

### WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

In consideration of being permitted to participate at The Expo at World Market Center Las Vegas in a supervisory capacity, the sampling as detailed on the authorization request, the undersigned, heirs and personal representatives or assigns, do hereby release, waive, discharge and covenant not to sue Sodexo Live! and The Expo at World Market Center Las Vegas, their officers, employees and agents from any and all claims resulting from personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in.

By signing this form, I agree to the terms and conditions listed acknowledging that Sodexo Live! reserves the right to terminate any sampling activation leading up to or during an event at Sodexo Live!'s discretion and submitting this agreement is not a guarantee of sampling approval.

Print Name*:		
Company/Business/Organization Name*		
Signature*:	Date*:	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2024

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.

						rms and conditions of th ificate holder in lieu of si	uch end	dorsement(s)		require an endorsement	. A sta	atement on	
Pro	duc	er					CONTA NAME:	СТ					
1 10	duc							PHONE (A/C, No, Ext): 630-773-3800 FAX (A/C, No): 630-285-4006					
							E-MAIL ADDRE	SS:		(740,110)			
							ADDRE	ADDRESS:  INSURER(S) AFFORDING COVERAGE  NAIC #					
						Li#- DD 704404	INCLIDE		OKEK(3) ALTON	DING COVERAGE		NAIC#	
Inci	urec	1				License#: BR-724491 MPMFOOD-03	INSURER A:						
1115	ui <del>e</del> c	4					INSURE						
							INSURE						
							INSURER D:						
							INSURE						
	<u></u>	14050	050	TIFIC		- NUMBER 4500057000	INSURE	RF:				<u> </u>	
		AGES				E NUMBER: 1503257080 RANCE LISTED BELOW HA	VE DEE	N ICCUED TO		REVISION NUMBER:	UE DOI	ICV DEDIOD	
IN	DICA	STO CERTIFY THE ATED. NOTWITHS	TANDING ANY RE	QUIR	EME	NT, TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER I	OCUMENT WITH RESPE	CT TO '	WHICH THIS	
CI	ERTI	FICATE MAY BE IS	SSUED OR MAY	PERT.	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIES	S DESCRIBE	HEREIN IS SUBJECT TO	O ALL T	THE TERMS,	
	KCLL	JSIONS AND COND				LIMITS SHOWN MAY HAVE	BEEN F						
INSR LTR		TYPE OF INSU	IRANCE	ADDL INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			
Α	Х	COMMERCIAL GENER	RAL LIABILITY			OBCH175336		2/10/2024	2/10/2025	EACH OCCURRENCE	\$ <mark>1,000</mark>	,000	
		CLAIMS-MADE	X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,0	100	
			<del></del>							MED EXP (Any one person)	\$ 10,00	10	
										PERSONAL & ADV INJURY	\$ 1,000	,000	
	GEN	N'L AGGREGATE LIMIT	APPLIES PER:							GENERAL AGGREGATE	\$ 2,000	0,000	
	Χ	POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$2,000	0.000	
		OTHER:									\$	,,,,,,	
В	AUT	OMOBILE LIABILITY				AWCH175323		2/10/2024	2/10/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	,000	
	Х	ANY AUTO								BODILY INJURY (Per person)	\$		
		OWNED	SCHEDULED							BODILY INJURY (Per accident)	\$		
	Х	AUTOS ONLY HIRED X	AUTOS NON-OWNED							PROPERTY DAMAGE (Per accident)	\$		
		AUTOS ONLY	AUTOS ONLY							(Per accident)	\$		
Α	Х	UMBRELLA LIAB	X OCCUR			OBCH175336		2/10/2024	2/10/2025	EAGU GOOUDDENOE			
, (		EXCESS LIAB				OBC(1175550		2/10/2024	2/10/2023	EACH OCCURRENCE	\$5,000		
			CLAIMS-MADE							AGGREGATE	\$ 5,000	,000	
С	WOR	DED   RETENTI RKERS COMPENSATION				W701475227		2/40/2024	2/40/2025	X PER OTH-	\$	_	
C	AND EMPLOYERS' LIABILITY		WZCH1/532/		2/10/2024	2/10/2025							
	OFFI	PROPRIETOR/PARTNER ICER/MEMBER EXCLUDE	R/EXECUTIVE N ED?	N/A						E.L. EACH ACCIDENT	\$ <mark>1,000,000</mark>		
(Mandatory in NH) If yes, describe under									E.L. DISEASE - EA EMPLOYEE				
	DÉS	CRIPTION OF OPERATI	IONS below							E.L. DISEASE - POLICY LIMIT	\$ <mark>1,000</mark>	<u>,000</u>	
											ĺ		
											ĺ		
											<u> </u>		
DESC	CRIPT	TION OF OPERATIONS /	LOCATIONS / VEHICL	LES (A	CORD	o 101, Additional Remarks Schedu eement: Sodexo Live! and	le, may be	e attached if more	space is require	ed) Las Vegas			
Auc	iiiiOi	iai iliburca requirec	a by written contra	act of	agic	CITICITI. GOGCAO LIVE: AITA	THE LA	So at vvolid ivi	arket Ceriter	Las vegas.			
CERTIFICATE HOLDER CAN						CANO	CANCELLATION						
Sodexo Live! & The Expo at World					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE								
Market Center Las Vegas. 435 S Grand Central Pkwy.									EREOF, NOTICE WILL E BY PROVISIONS:	sE DEI	LIVERED IN		
Las Vegas Nv. 89106						ACCORDANCE WITH THE POLICY PROVISIONS.							
						AUTHORIZED REPRESENTATIVE							
						111.17							
	Cappy . hurce												