



## Food and Beverage Request

The following information must be completed and **submitted no later than two weeks prior to the event for approval.**

Please submit to:      Food and Beverage Operations Manager  
 Charlotte Convention Center  
 501 South College Street  
 Charlotte, NC 28202  
 (704) 339-6051 – fax

Company name:	Event Name:	Event Date:
Company Address:		Email:
Phone Number:	Fax Number:	

The following constitutes a **sample distribution request** used for the sole purpose of distributing sample food and/or beverage to exhibit attendees. Company representative agrees that all items to be distributed as samples will be of individual bite-sized portions and that beverages will be in containers of four (4) ounces or less and that all items are **company product only**.

PRODUCT NAME/ TYPE	SAMPLE SIZE	QUANTITY	✓ APPROVED	✓ DENIED
1)				
2)				
3)				
4)				

The following constitutes a **request to be a vendor** for the purpose of selling food and/or beverage to exhibit attendees.

<i>PRODUCT / SERVICE</i>	
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- For consideration please attach the following:
- Appropriate business license and insurance certificate.
  - Product portion size and suggested selling price.
  - Recent health department grading and appropriate food service certificates. (ie. ServSafe, etc.)
  - Pictures of product and/or food service equipment.
  - List of references

Print Name (Company Representative): \_\_\_\_\_

Signature (Company Representative): \_\_\_\_\_

Signature (Charlotte Convention Center Representative): \_\_\_\_\_

Comments: \_\_\_\_\_

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