

# SAMPLING & SELLING POLICY

## FOR FOOD & NON-ALCOHOLIC BEVERAGES

**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

Betsy Johnson-Rusnic, Director of Catering Sales - [betsy.johnson@levyrestaurants.com](mailto:betsy.johnson@levyrestaurants.com) 412.325.6194  
 Caroline Mays, Catering Sales Manager - [cmays@levyrestaurants.com](mailto:cmays@levyrestaurants.com) - 412.325.6162  
 Hannah Bortmas, Catering Sales Manager - [hbortmas@levyrestaurants.com](mailto:hbortmas@levyrestaurants.com) - 412.325.6121  
 Danielle Williams, Catering Sales Coordinator - [Danielle.williams@levyrestaurants.com](mailto:Danielle.williams@levyrestaurants.com) - 412.325.6173

# 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.**

CERTIFICATE OF INSURANCE				ISSUE DATE	
PRODUCER NAME		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
		<b>COMPANIES AFFORDING COVERAGE</b>			
		COMPANY LETTER	<b>A</b> Carrier with at least A Best rating & VIII Financial Size		
INSURED <b>Third - Party Concessionaire</b>		COMPANY LETTER	<b>B</b>		
		COMPANY LETTER	<b>C</b>		
		COMPANY LETTER	<b>D</b>		
		COMPANY LETTER	<b>E</b>		
<b>COVERAGES</b>					
THIS IS TO CERTIFY THAT THE POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR	12345			GENERAL AGGREGATE \$ 5000000 PRODUCTS-COMP/OP AGG \$ 5000000 PERSONAL & ADV. INJURY \$ 1000000 EACH OCCURRENCE \$ 1000000 FIRE DAMAGE (Any one fire) \$ 50000 MED EXPENSE (Any one person) \$ 5000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> OTHER	12345			COMBINED SINGLE LIMIT \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	12345			STATUTORY LIMITS EACH ACCIDENT \$ 500000 DISEASE-POLICY LIMIT \$ 500000 DISEASE EACH EMPLOYEE \$ 500000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS					
The entities and individuals listed are hereby collectively named as additional insureds with respects to the foregoing General Liability and Automobile Liability coverages. Levy Restaurants, Levy Premium Foodservice Limited Partnership, 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, City of Pittsburgh, Allegheny County, and the Commonwealth of Pennsylvania, and SMG including, but not limited to, all of these respective entities' related partnerships, affiliates, subsidiaries corporations and limited liability companies, whether currently existing or hereafter formed, and specifically including all of their respective owners, partners, shareholders, members, officers, directors, managers, employees, and agents (collectively, the "Released Parties").					
<b>CERTIFICATE HOLDER</b>			<b>CANCELLATION</b>		
Levy Restaurants David L. Lawrence Convention Center 1000 Fort Duquesne Blvd Pittsburgh, PA 15222			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.		
			AUTHORIZED REPRESENTATIVE		

Coverage Limits must be no less than what is stated.

Policy dates ("Effective" and "Expiration") need to be current and cover the dates of the event.

# SAMPLE - CERTIFICATE OF INSURANCE

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

A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	12345	STATUTORY LIMITS	
			EACH ACCIDENT	\$ 500000
			DISEASE-POLICY LIMIT	\$ 500000
			DISEASE EACH EMPLOYEE	\$ 500000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS				
<p>The entities and individuals listed are hereby collectively named as additional insureds with respects to the foregoing General Liability and Automobile Liability coverages.</p> <p>Levy Restaurants, Levy Premium Foodservice Limited Partnership, 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 &amp; Exhibition Authority of Pittsburgh and Allegheny County, City of Pittsburgh, Allegheny County, and the Commonwealth of Pennsylvania, and SMG including, but not limited to, all of these respective entities' related partnerships, affiliates, subsidiaries corporations and limited liability companies, whether currently existing or hereafter formed, and specifically including all of their respective owners, partners, shareholders, members, officers, directors, managers, employees, and agents (collectively, the "Released Parties").</p>				
<b>CERTIFICATE HOLDER</b>			<b>CANCELLATION</b>	
<p>Levy Restaurants</p> <p>David L. Lawrence Convention Center 1000 Fort Duquesne Blvd Pittsburgh, PA 15222</p>			<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.</p>	
			<b>AUTHORIZED REPRESENTATIVE</b>	

CD 37 (6-94)

## Description of Operations Must Include:

Additionally Insured "Levy Restaurants, Levy Premium Foodservice Limited Partnership, 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, City of Pittsburgh, Allegheny County, and the Commonwealth of Pennsylvania, and SMG including, but not limited to, all of these respective entities' related partnerships, affiliates, subsidiaries corporations and limited liability companies, whether currently existing or hereafter formed, and specifically including all of their respective owners, partners, shareholders, members, officers, directors, managers, employees, and agents (collectively, the "Released Parties")."

# 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.

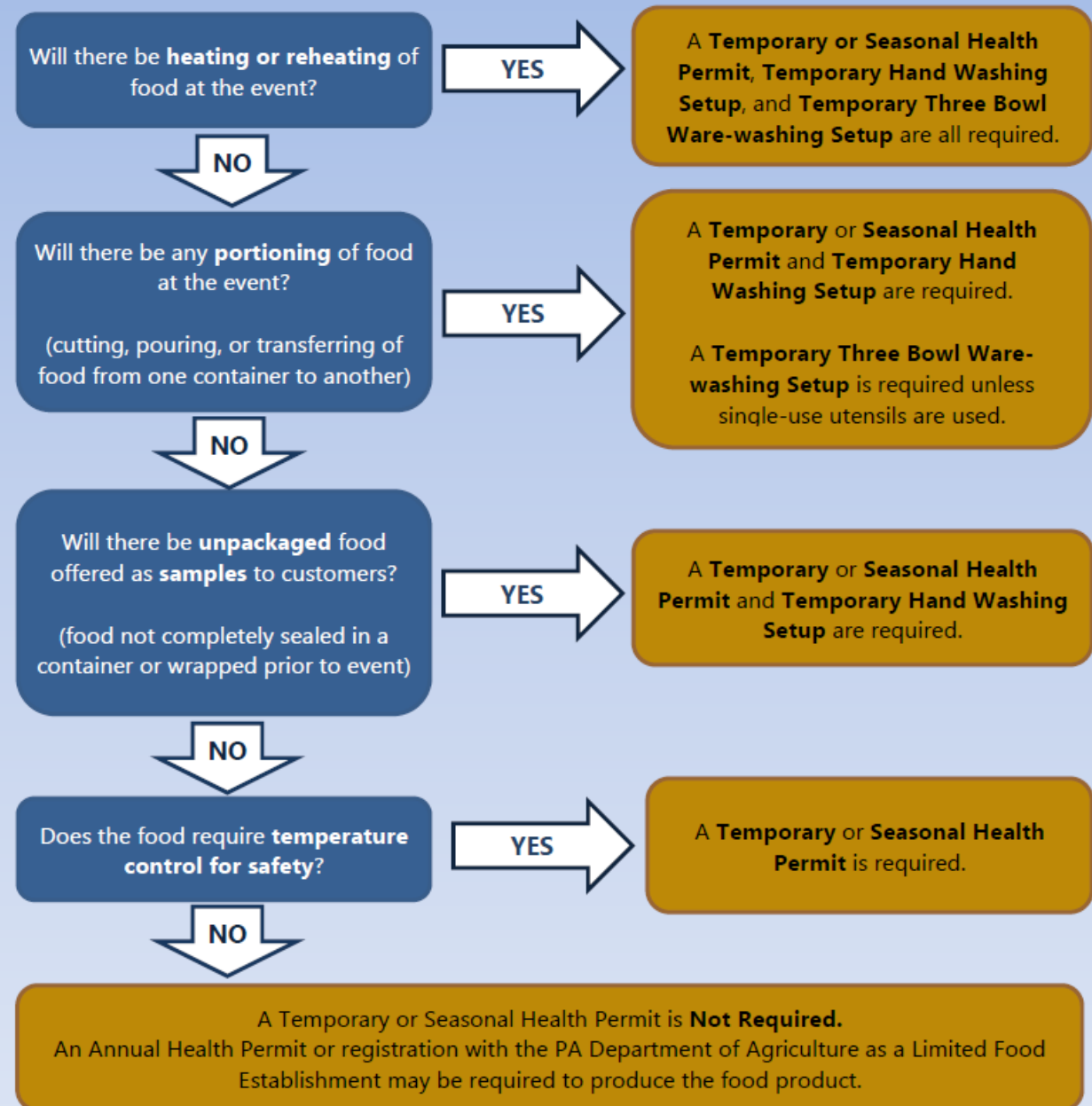


## Food Safety Permits

### 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>.



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](mailto:foodsafety@alleghenycounty.us)

# ALCOHOLIC BEVERAGE POLICY

**Levy retains the exclusive right to provide alcoholic beverages per the PLCB Liquor License for the David L. Lawrence Convention Center.**

Exhibitors may request to sample/sell alcohol and receive permission only upon written authorization from LEVY and by completing the appropriate forms, PLCB documentation and submitting these with certificate of insurance to the Levy Catering Department **thirty (30) days prior to the start of the show.**

## **REQUIREMENTS TO TASTE & SELL ALCOHOL**

**Any exhibitor requesting product tastings and/or the sale of alcoholic beverages must receive permission from Levy.**

Alcohol tastings are for market research and for educating consumers as to the qualities and availability of wines, spirits or malted brewed beverages and may be conducted by manufacturers, their representative, distributors, importing distributors or retail licensees provided they adhere to the following, per the Pennsylvania State Liquor Control Board and Levy Policies.

Exhibitors who qualify for a **Limited Winery Permit, Limited Distillery Permit, or Limited Brewery Permit** from the State of Pennsylvania are permitted with Levy approval to sample and sell product at the DLCC.

- 1) The exhibitor is required to provide a copy of the **PLCB Limited Exposition Permit** reflecting the dates of the show – See *sample permit on page 4*.
- 2) The exhibitor must complete the **Authorization Request & Payment Form (page 3)**. This is only a request to exhibit and sample alcoholic beverages - Levy reserves the right to approve or deny any application.
- 3) The exhibitor must submit the **Certificate of Insurance** exactly as show on page - See *sample on page 5 & 6*
- 4) Exhibitors must adhere to the sampling and selling guidelines outlined below:

## **ALCOHOL SAMPLE SIZE & SELLING GUIDE**

<b>WINERIES</b>	<b>DISTILLERIES</b>	<b>BREWERIES</b>
<ul style="list-style-type: none"><li>• Sample size not to exceed one (1) ounce</li><li>• Selling by the bottle or case lot only</li><li>• <b>No individual glasses to be sold</b></li></ul>	<ul style="list-style-type: none"><li>• Sample size not to exceed half (0.5) ounce</li><li>• Selling by the bottle or case lot only.</li><li>• <b>No individual beverages to be sold</b></li></ul>	<ul style="list-style-type: none"><li>• Sample size not to exceed two (2) ounces</li><li>• Please speak to the Levy Sales Team about case lot sales</li><li>• <b>No individual glasses, bottles or growlers to be sold</b></li></ul>

Any exhibitor that is **not** a Limited Winery, Limited Distillery or Limited Brewery in the State Pennsylvania is **not permitted to pour or serve their own samples, and is not permitted to sell products onsite.** Please contact the Levy Catering Sales Department for quotes on Bartender Fees.

# ALCOHOLIC BEVERAGE POLICY

**ALCOHOL SOLD BY AN EXHIBITOR CANNOT TO BE CONSUMED ON DLCC PROPERTY. THIS IS A VIOLATION OF THE DLCC LIQUOR LICENSE AND PROHIBITED BY THE PLCB.**

**In addition to the requirements on Page 1, each booth must adhere to the following:\***

- Signage provided by the DLCC stating that alcohol sold is NOT to be opened on DLCC property as this is a violation of the DLCC liquor license and prohibited by the PLCB (see page 7 for example)
- **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.
- **Per the Allegheny County Health Department**
  - Both Hand Sanitizer and Sanitizing wipes MUST be at each booth for staff use to disinfect/sanitize high-touch areas that are frequently used

**~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*

## Delicensing Booth Fees:

Exhibitors who qualify for a Limited Winery Permit, Limited Distillery Permit or Limited Brewery Permit from the State of Pennsylvania are required to pay the \$107.00 Delicensing Booth Fee.

All fees include PA sales tax of 7%.

The de-licensing process allows the sampling and sale of alcohol from your designated booth space only.

**The \$107.00 Delicensing Booth Fee is per show and must be accompanied by the following:**

1. PLCB Limited Exposition Form
2. Certificate of Insurance with correct language
3. Authorization Request & Method of Payment Form

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.

For additional information, please contact the Levy Catering Sales Department

Betsy Johnson-Rusnic, Director of Catering Sales – [betsy.johnson@levyrestaurants.com](mailto:betsy.johnson@levyrestaurants.com) – 412.325.6194

Caroline Mays, Catering Sales Manager - [cmays@levyrestaurants.com](mailto:cmays@levyrestaurants.com) - 412.325.6162

Hannah Bortmas, Catering Manager - [hbortmas@levyresturants.com](mailto:hbortmas@levyresturants.com) - 412.325.6121

Danielle Williams, Catering Sales Coordinator—[danielle.williams@levyrestaurants.com](mailto:danielle.williams@levyrestaurants.com) - 412.325.6173



# AUTHORIZATION REQUEST FORM & PAYMENT FOR DELICENSING

Please complete this form for consideration to receive authorization to sample and/or sell Alcohol at the David L. Lawrence Convention Center.

## 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. Please complete and return this form to receive authorization to sample product.

***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 & sell : \_\_\_\_\_

## **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 for the **\$107.00 delicensing fee:**

**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**
- PLCB Limited Exposition Permit**
- Certificate of Insurance** - with correct language (see example page 5 & 6)
- Hand Sanitizer and Sanitizing Wipes** for booth staff to clean and sanitize frequently touched surfaces and hands.
- Booth Signage** - The provided signage will be posted visibly at my booth referencing alcohol cannot be opened on DLCC Property (page 7)

Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Your signature identifies that you have read and understand the terms, payment terms and conditions of this policy)

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Levy General Manager

# SAMPLE - PLCB LIMITED EXPOSITION PERMIT



Month, Date, Year

Company Name  
Address  
Address

RE:  
License No.  
File/Job No.  
Licensing Information Center

Dear Licensee:

An Exposition Permit is hereby granted to the above-referenced licensee for the premises/location listed herein. The hours of operation are limited to the hours permitted by law for your license type.

Dates:

Location: David L Lawrence Convention Center, 1000 Fort Duquesne Boulevard, Pittsburgh, Allegheny County, PA  
Inside area: 8' x 10'

This permit authorizes sales of your product in volumes permitted under the authority of your license and to provide tasting samples in individual portions as permitted by law.

The area in question is currently subject to Levy Premium Foodservice, LP. However, during the dates in question, the area will be deemed to be subject to the special permit and not Levy Premium Foodservice, LP.

The areas approved by this permit must be defined by physical separation from any other areas or business, so as to clearly delineate the areas under the sole control for the purpose of the event and the subject permittee.

The Bureau of Liquor Control Enforcement of the Pennsylvania State Police is responsible for enforcement of the Liquor Code and PLCB regulations.

Sincerely,

A handwritten signature in black ink that reads 'Tim Holden'.

Tim Holden  
Chairman

A handwritten signature in black ink that reads 'Michael Negra'.

Michael Negra  
Member

A handwritten signature in black ink that reads 'Michael Newsome'.

Michael Newsome  
Member

THIS IS THE LICENSE AUTHORITY

Bureau of Licensing  
Northwest Office Building | Harrisburg, PA 17124 | 717.783.8250 | F 717.772.2165 | lcb.pa.gov

# SAMPLE - CERTIFICATE OF INSURANCE

Your insurance **MUST** have the exact information as highlighted on the sample.

CERTIFICATE OF INSURANCE		ISSUE DATE															
PRODUCER NAME		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.															
		<b>COMPANIES AFFORDING COVERAGE</b>															
		COMPANY LETTER	<b>A</b> Carrier with at least A Best rating & VIII Financial Size														
INSURED <b>Third - Party Concessionaire Alcohol Service</b>		COMPANY LETTER	<b>B</b>														
		COMPANY LETTER	<b>C</b>														
		COMPANY LETTER	<b>D</b>														
		COMPANY LETTER	<b>E</b>														
COVERAGES																	
THIS IS TO CERTIFY THAT THE POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.																	
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MMDDYY)	POLICY EXPIRATION DATE (MMDDYY)	LIMITS												
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	12345			<table border="1"> <tr><td>GENERAL AGGREGATE</td><td>\$ 5,000,000</td></tr> <tr><td>PRODUCTS-COMP/OP AGG.</td><td>\$ 5,000,000</td></tr> <tr><td>PERSONAL &amp; ADV. INJURY</td><td>\$ 1,000,000</td></tr> <tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr> <tr><td>FIRE DAMAGE (Any one fire)</td><td>\$ 50,000</td></tr> <tr><td>MED EXPENSE (Any one person)</td><td>\$ 5,000</td></tr> </table>	GENERAL AGGREGATE	\$ 5,000,000	PRODUCTS-COMP/OP AGG.	\$ 5,000,000	PERSONAL & ADV. INJURY	\$ 1,000,000	EACH OCCURRENCE	\$ 1,000,000	FIRE DAMAGE (Any one fire)	\$ 50,000	MED EXPENSE (Any one person)	\$ 5,000
GENERAL AGGREGATE	\$ 5,000,000																
PRODUCTS-COMP/OP AGG.	\$ 5,000,000																
PERSONAL & ADV. INJURY	\$ 1,000,000																
EACH OCCURRENCE	\$ 1,000,000																
FIRE DAMAGE (Any one fire)	\$ 50,000																
MED EXPENSE (Any one person)	\$ 5,000																
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> OTHER	12345			<table border="1"> <tr><td>COMBINED SINGLE LIMIT</td><td>\$ 1000000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT	\$ 1000000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE	\$				
COMBINED SINGLE LIMIT	\$ 1000000																
BODILY INJURY (Per person)	\$																
BODILY INJURY (Per accident)	\$																
PROPERTY DAMAGE	\$																
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				<table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$</td></tr> <tr><td>AGGREGATE</td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$								
EACH OCCURRENCE	\$																
AGGREGATE	\$																
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	12345			<table border="1"> <tr><td>STATUTORY LIMITS</td><td></td></tr> <tr><td>EACH ACCIDENT</td><td>\$ 500000</td></tr> <tr><td>DISEASE-POLICY LIMIT</td><td>\$ 500000</td></tr> <tr><td>DISEASE EACH EMPLOYEE</td><td>\$ 500000</td></tr> </table>	STATUTORY LIMITS		EACH ACCIDENT	\$ 500000	DISEASE-POLICY LIMIT	\$ 500000	DISEASE EACH EMPLOYEE	\$ 500000				
STATUTORY LIMITS																	
EACH ACCIDENT	\$ 500000																
DISEASE-POLICY LIMIT	\$ 500000																
DISEASE EACH EMPLOYEE	\$ 500000																
A	<b>LIQUOR LIABILITY</b>				<table border="1"> <tr><td>EACH COMMON CAUSE AGGREGATE</td><td>\$1,000,000 \$5,000,000</td></tr> </table>	EACH COMMON CAUSE AGGREGATE	\$1,000,000 \$5,000,000										
EACH COMMON CAUSE AGGREGATE	\$1,000,000 \$5,000,000																
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS																	
<p>The entities and individuals listed on Exhibit "A" are hereby collectively named as additional insureds with respects to the foregoing General Liability, Automobile and Liquour Liability coverages. Coverage shall be primary and non-contributory to other insurance available to Levy and shall include a waiver of the insurer's right to recovery or subrogation against Levy. Each policy shall require that thirty (30) days prior to the cancellation or non-payment of the policy, written notice is provided to Levy.</p> <p>Levy Restaurants, Levy Premium Foodservice Limited Partnership, 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 &amp; Exhibition Authority of Pittsburgh and Allegheny County, City of Pittsburgh, Allegheny County, and the Commonwealth of Pennsylvania, and SMG including, but not limited to, all of these respective entities' related partnerships, affiliates, subsidiaries corporations and limited liability companies, whether currently existing or hereafter formed, and specifically including all of their respective owners, partners, shareholders, members, officers, directors, managers, employees, and agents (collectively, the "Released Parties").</p>																	
CERTIFICATE HOLDER			CANCELLATION														
Levy Restaurants  David L. Lawrence Convention Center 1000 Fort Duquesne Blvd Pittsburgh, PA 15222			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.														
			AUTHORIZED REPRESENTATIVE														

CD 37 (6-94)

# SAMPLE - CERTIFICATE OF INSURANCE

Your insurance **MUST** have the exact information as highlighted on the sample.

				DISEASE EACH EMPLOYEE	\$ 50000
A	LIQUOR LIABILITY			EACH COMMON CAUSE	\$1,000,000
				AGGREGATE	\$5,000,000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS					
<p>The entities and individuals listed on Exhibit "A" are hereby collectively named as additional insureds with respects to the foregoing General Liability, Automobile and Liquour Liability coverages. Coverage shall be primary and non-contributory to other insurance available to Levy and shall include a waiver of the insurer's right to recovery or subrogation against Levy. Each policy shall require that thirty (30) days prior to the cancellation or non-payment of the policy, written notice is provided to Levy.</p> <p>Levy Restaurants, Levy Premium Foodservice Limited Partnership, 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 &amp; Exhibition Authority of Pittsburgh and Allegheny County, City of Pittsburgh, Allegheny County, and the Commonwealth of Pennsylvania, and SMG including, but not limited to, all of these respective entities' related partnerships, affiliates, subsidiaries corporations and limited liability companies, whether currently existing or hereafter formed, and specifically including all of their respective owners, partners, shareholders, members, officers, directors, managers, employees, and agents (collectively, the "Released Parties").</p>					
<b>CERTIFICATE HOLDER</b>			<b>CANCELLATION</b>		
Levy Restaurants			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.		
David L. Lawrence Convention Center 1000 Fort Duquesne Blvd Pittsburgh, PA 15222			AUTHORIZED REPRESENTATIVE		

## Description of Operations Must Include:

Additionally Insured "Levy Restaurants, Levy Premium Foodservice Limited Partnership, 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, City of Pittsburgh, Allegheny County, and the Commonwealth of Pennsylvania, and SMG including, but not limited to, all of these respective entities' related partnerships, affiliates, subsidiaries corporations and limited liability companies, whether currently existing or hereafter formed, and specifically including all of their respective owners, partners, shareholders, members, officers, directors, managers, employees, and agents (collectively, the "Released Parties")."

# SAMPLE - BOOTH SIGNAGE FOR ALCOHOL

Each vendor/exhibitor is required to visibly post the below document at their booth. This document will be provide to you upon move-in.

**Alcohol purchased  
from this booth  
cannot be opened on  
DLCC property as this  
is a violation of the  
DLCC liquor license  
and prohibited by the  
PLCB.**

Thank you for your  
cooperation.



# Permit Application Temporary & Seasonal Food Facilities



**Mail to:**  
Allegheny County Health Department  
Food Safety Program  
2121 Noblestown Road, Suite 210  
Pittsburgh, PA 15205

**Phone:** (412) 578-8044  
**E-mail:** [foodsafety@alleghenycounty.us](mailto:foodsafety@alleghenycounty.us)

**NEW!** Complete your checklist and payment online by visiting:  
[eapps.alleghenycounty.us/FoodTempPermits/](http://eapps.alleghenycounty.us/FoodTempPermits/)



<b>INSTRUCTIONS:</b> Complete all sections of this application. Please print clearly. If any section of the checklist is not applicable, mark "N/A" in the question box.			
<b>Type of permit requested:</b>			
<input type="checkbox"/> <b>Temporary Permit: \$50</b> (for events or festivals lasting 14 days or less)			
<input type="checkbox"/> <b>Seasonal Permit: \$82</b> (for farmer's markets or other seasonal events lasting more than 14 days)			
<b>Make check/MO payable to:</b> Treasurer of Allegheny County			
NAME OF EVENT:			
LOCATION OF EVENT:			MUNICIPALITY:
DATES OF EVENT/ OPERATIONAL HOURS:			
NAME OF STAND/FACILITY:			NUMBER OF STANDS:
STAND/FACILITY OWNER:		CONTACT:	
MAILING ADDRESS:			
PHONE NUMBER:		E-MAIL:	

## MENU AND PREPARATION

Please list menu items:

---



---

Will any food preparation be done before the event?  Yes  No  
If yes, where will the food be prepared? (Submit copy of permit, registration, or license)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

## POWER SUPPLY

Will electricity be available?  Yes  No    Provided by event?  Yes  No    Generator?  Yes  No  
**Note:** A plan should be in place in case power is disrupted. Lack of power can result in immediate closure.

## WATER & DISPOSAL

Source of water? \_\_\_\_\_ Water disposal location? \_\_\_\_\_

Water storage type during event? \_\_\_\_\_ Heating source? \_\_\_\_\_

**Note:** Minimum of 10 gallons must be available at each stand. Water should be in a closed container and dispensed from a spout. The supply for drinking purposes should be dedicated for "drinking only." Lack of water can result in immediate closure.

## CONTAMINATION PREVENTION

What materials will be used for overhead protection? \_\_\_\_\_

What type of ground cover will be utilized within your stand? \_\_\_\_\_

**Note:** Sufficient coverage must be provided for the entire food prep, display and storage area. Plans should be made for walls in the event there is inclement weather, and to minimize dust, spray, etc.

How will foods be protected from contamination by the public? (check all that apply)

Sneeze guards       Covers       Other, specify \_\_\_\_\_

## TEMPERATURE CONTROL OF FOODS

How will food temperatures be maintained during transport to the event? \_\_\_\_\_

\_\_\_\_\_

List proposed cooking equipment:

\_\_\_\_\_

List proposed equipment to hold foods hot (check all that apply):

Steam table       Chafing dish / Sterno fuel       Roaster       Grill

Other, please specify: \_\_\_\_\_

List proposed equipment to hold foods cold during storage, preparation, and display (check all that apply):

Refrigerator       Ice chest       Refrigerated Truck

Other, specify: \_\_\_\_\_

**Note:** Ensure all refrigeration is pre-chilled to  $\leq 41^{\circ}\text{F}$  prior to use

## CLEANING AND SANITIZING

Equipment for cleaning and sanitizing utensils and food-contact surfaces?

Three compartment Sink       Three Large Containers       Other, specify \_\_\_\_\_

Sanitizer Type?  Quaternary Ammonium Compound       Chlorine

Other, specify: \_\_\_\_\_

**HANDWASHING**

Handwashing facilities are required in all permitted temporary and seasonal food facilities where there will be direct handling or preparation of food. How will you wash your hands?

- Water dispensing unit with soap/ paper towels and collection container
- Self-contained hand washing station
- All food is prepackaged and no unpackaged samples will be offered. A handwashing station is not required.

**GARBAGE/REFUSE**

How will you store garbage? \_\_\_\_\_

Who is responsible for disposal? \_\_\_\_\_





# Allegheny County Health Department

## Food Safety Program

2121 Noblestown Road, Suite 210, Pittsburgh, PA 15205-3956  
 phone: 412.578.8044 • fax: 412.578.8190 • [AlleghenyCounty.us/FoodSafety](http://AlleghenyCounty.us/FoodSafety)

### Fee Schedule

(Effective January 1, 2024)

Application and Plan Review Fees:			
Change of Ownership Application Review – \$85			
Change of Mobile Commissary Application Review – \$85			
New Construction/ Remodel & Shared Kitchen User	Classification	Permanent Food Facility & Shared Kitchen User	
		Standard	Non-Profit*
	Class I	No fee required	
	Class II	\$85	\$42.50
	Class III	\$122	\$61
Class IV	\$202	\$101	

Annual Permit Fees by Classification:		
Classification	Permanent Food Facilities & Shared Kitchen User	
	Standard Fee	Non-Profit Fee*
Class I (yearly registration)	\$128	\$64
Class II	\$170	\$85
Class III	\$244	\$122
Class IV	\$404	\$202

Mobile Food Facility Operations					
	Classification	Mobile Food Facility		Commissary Use Permit**	
		Standard Fee	Non-Profit Fee*	Standard Fee	Non-Profit Fee*
Application Review Fees	Class I (yearly registration)	No fee required		No fee required	
	Class II	\$55	\$27.50	\$27.50	\$13.75
	Class III	\$75	\$37.50	\$42.50	\$21.25
	Class IV	\$75	\$37.50	\$42.50	\$21.25
	Classification	Mobile Food Facility		Commissary Use Permit**	
		Standard Fee	Non-Profit Fee*	Standard Fee	Non-Profit Fee*
Annual Permit Fees	Class I (yearly registration)	\$110	\$55	\$55	\$27.50
	Class II	\$110	\$55	\$55	\$27.50
	Class III	\$150	\$75	\$85	\$42.50
	Class IV	\$150	\$75	\$85	\$42.50

\*\* The commissary use permit only applies to mobile food facilities based/operating out of a space that is already permitted as a fixed food facility or a commissary space that is only used for filling the water supply tank, disposing of wastewater, and storing supplies (serving ware, food, etc.).

Annual permit fees received after the due date are subject to a 25% late fee.

\*Requires verification of non-profit status as described in Article III, Section 302.3 (D)



# Allegheny County Health Department

## Food Safety Program

2121 Noblestown Road, Suite 210, Pittsburgh, PA 15205-3956  
 phone: 412.578.8044 • fax: 412.578.8190 • [AlleghenyCounty.us/FoodSafety](http://AlleghenyCounty.us/FoodSafety)

### Fee Schedule

(Effective January 1, 2024)

<b>Temporary, Seasonal, &amp; Event Fees:</b>			
	Number of Events	Standard Fee	Non-Profit Fee*
<b>Temporary Food Facility (Vendor)</b>	1	\$50	\$45
	2	\$85	\$80
	3	\$110	\$105
	4	\$130	\$125
	5 or more	\$30 per event	\$28 per event

	Standard Fee	Non-Profit Fee*
<b>Seasonal Food Facility (Vendor)</b>	\$82	\$77

	Number of Food Vendors	Registration Fee
<b>Event &amp; Farmer's Market Organizer Registration Fees:</b>	0-4	No registration required
	5-10	\$20
	11-20	\$30
	21-30	\$40
	31-40	\$50
	41 +	\$1.50 per Food Vendor

<b>Inspection Fees:</b>
Second Pre-operational Inspection – \$100
Second Placarding Upgrade Inspection – \$200
Second Permit Reinstatement Inspection – \$200

\*Requires verification of non-profit status as described in Article III, Section 302.3 (D)