TASTING AUTHORIZATION REQUEST FORM

Submission Deadline: This form must be submitted to **christina.montanaro@oakviewgroup.com** **at least 14 days prior** to the opening of the event.

EVENT & COMPANY INFORMATION
Event Name: _____
Event Dates: _____
Booth Number: _____
Exhibiting Company Name: _____
Contact Name & Title: _____
Phone: _____
Email: _____

SAMPLE DETAILS
Product(s) Being Sampled
(Must be representative of products manufactured or sold by the exhibiting company. Alcoholic beverages are not permitted.)

1.
2. _____
3. _____
_____

Portion Size & Description
Free samples are limited to:
- **Up to 2 oz. non-alcoholic beverages**
- **Up to 2 oz. food items**

Please specify ALL for approval:

Item Description	Portion Size (oz)	How Served (cup, sample tray, etc.)
1		
2		
3		

RATIONALE FOR SAMPLING
(Briefly explain how the sample represents your manufactured or sold products.)

_____
_____
_____

EQUIPMENT & MATERIALS BROUGHT ONSITE
(List any appliances, small equipment, or supplies you plan to bring.)

_____
_____
_____

OVG HOSPITALITY SAMPLING GUIDELINES (Acknowledgment)
Please initial each item:
_____ I understand that alcoholic beverage samples **are not permitted**.
_____ I confirm that all samples represent products we manufacture or sell.
_____ I acknowledge the **2 oz. maximum portion size** for food and non-alcoholic beverages.
_____ I agree that if sampling exceeds approved portion sizes or quantities, **OVG Hospitality may assess a $1,500 Buy-Out Fee**.
_____ I agree to comply with all health and safety regulations during sampling.

APPROVAL SECTION
(Completed by OVG Hospitality)
Reviewed By: _____
Title: _____
Date Reviewed: _____
☐ **Approved**
☐ **Approved with Modifications**
☐ **Not Approved**

Notes / Conditions:
