

ARAMARK Sports and Entertainment Services

KANSAS CITY CONVENTION & ENTERTAINMENT CENTERS

301 West 13th Street, Kansas City, MO 64105

816-221-2737

816-221-7978

www.aramarkconventions.com/kansascity/

EXHIBITOR SAMPLING GUIDELINES

The practice of exhibitors bringing in their own food or beverage is in direct conflict with the Aramark exclusive contract at the Kansas City Convention & Entertainment Centers. Therefore, it is our policy that any exhibitor who is providing **ANY** food or non-alcoholic beverage item be required to notify Aramark in writing as to the nature of the proposed product give-away (Fees are applicable unless waived by Aramark or purchased through Aramark). Sampling of food or non-alcoholic beverage items would not be permitted if the item being dispensed has no relation to such exhibitor's business.

Aramark and the Kansas City Convention & Entertainment Centers do require all food and non-alcoholic beverage to be of sample size portions; **1 ounce portions for food and 3 ounce cups for non-alcoholic beverages**. A written approval must then be obtained from Aramark at least seven (7) working days prior to the show opening whenever food or non-alcoholic beverage samples are being given away.

Any exhibitor providing samples of food and non-alcoholic beverage samples must operate within the local Health Department guidelines, you **must** obtain a temporary health permit. Please contact the Health Department at the following location;

1. <http://kcmo.gov/health/?s=temporary+health+permit>
2. **Click** on "Food Safety"
3. **Scroll** down to "Applications for Permits"
4. **Complete** the "[Temporary Food Permit Application](#)" on-line form; once submitted, the KCMO Health Department will contact you

A Kansas City Missouri Health Permit must be obtained **unless** your proposed food sample meets the specifications listed below:

- Pre-packaged sample items one (1) ounces or smaller
- Processed, pre-packaged and distributed by a U.S. licensed manufacturer

If you have any questions, please feel free to contact Aramark at 816-221-2737, ext. 101. Thank you in advance for your cooperation!

Authorized Client Signature:

By signing this document, you agree to follow the guidelines set forth in this agreement.

Client Name: _____

Event Name: _____

Item You're Providing: _____

Serving Size of Item: _____

Company / Booth #: _____

Address/City/State/Zip: _____

Phone: _____

Fax: _____

E-Mail: _____

ARAMARK:

By counter-signing this agreement, ARAMARK agrees to allow Client to provide samples based on the guidelines set forth in this agreement.

