

JAVITS CONVENTION CENTER
CULTIVATED

SAMPLING FORM

This information packet includes:
Sampling for & Guidelines
Sample COI: Return to Cultivated

THE SALE OF FOOD + BEVERAGE ITEMS IS STRICTLY PROHIBITED.

1 DO YOU QUALIFY?

Are you the Manufacturer or Distributor?

Sponsoring organizations of expositions and trade shows, and/or their exhibitors, may distribute SAMPLES of food and/or beverage products ONLY upon written authorization and adherence.

ITEMS DISPENSED ARE LIMITED TO PRODUCTS **MANUFACTURED, PROCESSED OR DISTRIBUTED BY EXHIBITING COMPANIES.**

2 SIZE RESTRICTIONS

All items are limited to a SAMPLE SIZE and must be dispensed/distributed in accordance to Health Codes.

Non-Alcoholic Beverages are limited to a maximum of 4 oz. in a cup. No cans or bottles will be permitted.

Food items are limited to "bite size", not to exceed Portions or a 2 oz. prepackaged samples.

3 BUYOUT FEES

Food or Beverage Products brought on the premises for consumption that do not fall within the Sampling parameters require CULTIVATED approval.

A buy-out fee will be determined by Cultivated on a case by case basis; however, the fee will be based on a percentage of the retail pricing for the food and/or beverage item and is subject to all applicable taxes and service charges.

3 SAMPLING ALCOHOL

All alcohol sampling requires a Cultivated Bartender. *Fees apply.

Alcoholic beverage sampling is permitted only if you are the manufacturer or distributor of the product. Cultivated is required to receive, handle, & store ALL alcohol product.

*Fees Apply.

You are required to obtain for a Marketing Permit through the New York State Liquor Authority Website and submit Certificate 10 business days prior to: <https://sla.ny.gov/permits-available-online>

To conduct tastings and provide samples of the permit holders' products to consumers. Supplier of the alcoholic beverages at the event must obtain a transportation permit or use a company that has a transportation permit in order to transport the alcoholic beverages to the event site.

Out-of-State suppliers and licensed in-state wholesalers and manufacturers can apply for a marketing permit.

Note: Per New York City ordinance, alcohol may be served for on-premise consumption during the following hours:

Weekdays: 8:00 AM-4:00 AM

Sundays: 10:00 AM-4:00 AM

Christmas Day: Normal hours apply

ALCOHOLIC BEVERAGES SAMPLING SIZES

2 oz. for beer/wine + .25 oz for liquor

*HANDLING/STORAGE FEES MAY APPLY

4 STORAGE AND DELIVERY * Fee Applies

If product/items do not fit in your hand carry, they must be shipped through your show decorator or shipped directly to our on-site Cultivated Warehouse. Alcoholic products cannot be hand-carried and must be shipped to Cultivated. Storage space is limited and is subject to availability.

Please contact a Cultivated Sales Team Member to arrange storage and deliveries:

One-Time Receiving/Handling Fee: **\$250.00**

Cold/Dry Storage: **\$150.00 per day / per pallet**

Delivery Fee: **\$50.00 per delivery**

Mark box "CULTIVATED" and keep booth information inside with a packing slip

UPS or Fedex standard carriers

Cultivated (Levy Restaurants)
Attn: John Shewchuk
655 W 34th street
New York, NY 10001

Carriers who use logistics companies, couriers

Cultivated (Levy Restaurants)
Attn: John Shewchuk
369 12th avenue
New York, NY 10001

5 PAPERWORK SUBMISSION

RETURN TO LEVY

Sampling Authorization Form & Certificate of Insurance [LINK HERE!](#)



OR USE QR CODE

*Sampling exhibitors are all required to provide their own hand washing sink.

JAVITS CONVENTION CENTER
CULTIVATED

SAMPLE COI

CERTIFICATE OF INSURANCE

EXHIBITING FIRM MUST PROVIDE LEVY WITH A CERTIFICATE OF INSURANCE SHOWING EVIDENCE OF COMMERCIAL LIABILITY WITH AN EACH OCCURRENCE LIMIT OF \$1,000,000.

Please review the attached sample for clear instructions

PLEASE ENSURE THE CERTIFICATE OF INSURANCE IS UPLOADED AT LEAST 30 DAYS PRIOR TO THE EVENT

SAMPLING AUTHORIZATION FORM LINK HERE!



OR USE QR CODE

CERTIFICATE HOLDER
LEVY PREMIUM FOOD SERVICE
LIMITED PARTNERSHIP
+ JAVITS CONVENTION CENTER
655 W 34TH ST
NEW YORK, NY, 10001

ACORD®		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 09/21/2020			
<p>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.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>							
PRODUCER		CONTACT NAME:					
		PHONE (A/C, No, Ext):		FAX (A/C, No):			
		E-MAIL ADDRESS:					
		INSURER(S) AFFORDING COVERAGE		NAIC #			
		INSURER A : Truck Insurance Exchange		19445			
		INSURER B : Farmers Insurance Exchange		19399			
		INSURER C : ACE Property And Casualty Ins Co		20659			
		INSURER D :					
		INSURER E :					
		INSURER F :					
INSURED							
<p>COVERAGES CERTIFICATE NUMBER: ATL-005086981-02 REVISION NUMBER: 2</p> <p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE 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.</p>							
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> _____ <input checked="" type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			GL 1728594	09/30/2020	09/30/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY <input checked="" type="checkbox"/>			CA 4594426 (AOS) CA 4594429 (VA) CA 4594427 (MA) CA4594431 (Garage Liability) Self Insured for Physical Damage	09/30/2020 09/30/2020 09/30/2020 09/30/2020	09/30/2021 09/30/2021 09/30/2021 09/30/2021	COMBINED SINGLE LIMIT (Per accident) \$ 2,000,000 BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			XOO G27736631	09/30/2020	09/30/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A	09/30/2020 09/30/2020 09/30/2020 09/30/2020	09/30/2021 09/30/2021 09/30/2021 09/30/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Endorsement - (IF APPLICABLE WILL BE DELIVERED WITH POLICY) All entities below have been added as additional insured and loss payee							
CERTIFICATE HOLDER Levy Premium Foodservice Limited Partnership Javits Convention Center 655 W. 34th St. New York, NY 10001				CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh USA Inc.			