



CHI Health Center

OMAHA

FOOD AND/OR BEVERAGE DISTRIBUTION

AUTHORIZATION REQUEST FORM

The Company named below acknowledges that it has read and agrees to abide by the Rules & Regulations related to the sampling of food and/or beverages at the facilities. The Company also acknowledges that they have sole responsibility for the use, sales, servicing, or other disposition of such items (including alcoholic beverages) in compliance with all applicable laws. Accordingly, the Company agrees to indemnify and forever hold harmless Levy, the Metropolitan Entertainment & Convention Authority and the City of Omaha from all liabilities, damages, losses, costs, or expenses resulting directly or indirectly from their use, sale, serving, or other disposition of such items (including alcoholic beverages).

ANY COMPANY THAT IS SAMPLING OR SELLING TCF WILL NEED A TEMPORARY PERMIT.

Please contact the Douglas County Health Department with any questions.

Company Name: _____

Contact Name: _____

Telephone: _____ E-Mail: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Event Name: _____ Booth #: _____

Product(s) and reasons you wish to dispense them: _____

Signature: _____

Printed Name: _____

Title: _____ Date: _____

PLEASE RETURN THIS FORM AND PROOF OF INSURANCE TO LEVY AT LEAST 14 DAYS PRIOR TO START OF THE EVENT

TO ENSURE CONFIRMATION AND APPROVAL

For additional information, please contact:

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