

FOOD SAMPLING AND BEVERAGE/ALCOHOL TASTING APPLICATION

Event Name:		
Event Date:		
Booth Number: Building Exhibiting In:		
CONTACT INFORMATION		
Company Name:		
Name:		
Phone#:		
Address:		
City:	State:	Zip:
Email:		
SAMPLING/TASTING INFORMATION Please list item, including quantity, portion size, method		
The Company requesting sampling acknowledges they have servicing or other disposition of such items (including alcohall applicable laws. Accordingly, the firm agrees to indemnifindiana State Fair Commission, Urick Concessions, R.E. Smit Concessions Services Inc., dba Spectrum from all liabilities, resulting directly or indirectly from their use, serving or oth (including alcoholic beverages).	e sole responsibility olic beverages) in fy and forever hole the food and Drink, damages, losses, d	ty for the use, compliance with d harmless the , or Facility costs or expenses
Please return this for approval to: Carrie Stadtmiller Vendor Services Manager, Indiana State Fairgrounds & E- 1202 E. 38 th St., Indianapolis, IN 46205 O/F 317-927-7624; cstadtmiller@indianastatefair.com	vent Center	
Approved By:	Date:	