



## New York Bridal & Wedding Expo

Albany Capital Center: 55 Eagle St., Albany, NY 12207

### Important Sampling Reminders

Health Permits must be submitted to Albany County Department of Health. All health permit questions should be directed to the Department of Health.

Phone: 518.447.4620

Email: [joseph.voulo@albanycountyny.gov](mailto:joseph.voulo@albanycountyny.gov)

Address: 175 Green St, Albany, NY 12202

Sampling Forms must be submitted to American Consumer Shows.

Phone: 516.422.8100

Email: [Ops@acsshows.com](mailto:Ops@acsshows.com)

**\*\*\*Copies of all required forms for submission are located in this packet.\*\*\***

#### **General Information:**

- Exhibitors are responsible for all electrical, plumbing drayage and all other event services. These are not included in your booth rental. Please see the ordering forms located here: <https://www.bridalshowsnyc.com/current-exhibitors/download-exhibitor-forms>
- Food and Non-Alcoholic Beverage selling is not permitted.

#### **Certificate of Insurance(COI):**

- All sampling exhibitors are required to submit a Certificate of Insurance(COI) to American Consumer Shows as part of their Sampling Authorization Request Form. Failing to do so will disqualify you from sampling.
- Certificates of Insurance require \$1,000,000.00 liability insurance naming American Consumer Shows, Albany Capital Center and Mazzone Hospitality as additional insured.

#### **Food and Non-Alcoholic Beverages:**

- Sampling is limited to 2 oz. or less for food and 4oz. for non-alcoholic beverages.
- A sampling form must be completed and submitted to American Consumer Shows 10 days prior to the event.
- Exhibitors must produce the food/beverages they are sampling as part of their business. Any samples being used for traffic promotion, such as cookies, popcorn, coffee, bottled water, etc., must be purchased through the venue.
  - *Example: A DJ would have to purchase cookies through the venue if they wanted to use them for traffic promotion. Where as a baker can sample cookies because that is the business they are advertising. The baker doesn't need to purchase cookies in this example.*

#### **Alcoholic Beverages:**

- All alcohol sampling requires a sampling form to be submitted, and a copy of the exhibitor's liquor license on file 10 days prior to the event.
- Alcohol Sampling Size Restrictions are as follows:
  - Beer - 3 oz.
  - Wine - 3 oz.
  - Liquor - 1/4 oz.
- Alcoholic Beverages are not permitted to be sold for on-site consumption. If your product is packaged for off-site consumption please reach out to American Consumer Shows for approval at [Ops@acsshows.com](mailto:Ops@acsshows.com).

#### **Health Permit:**

- An application for Permit to Operate a Temporary Food Service Establishment is required to sample at the event. This is required to be sent to the Albany County Department of Health. Submission instructions are located above.
- There is a fee for the Permit. Payments can be made by check or cash. Credit and Debit Card payments are not accepted.
- A copy of Workers Compensation and Disability Benefit must be submitted to the Albany County Department of Health. Information on this is located as a part of this packet.
- All Health Permit questions should be directed to the Albany County Health Department. Contact information is located at the beginning of this document.



## SAMPLING REQUEST FORM

Show Name: \_\_\_\_\_ Show Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Suite/Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**\*If different from above, please fill in info for the on-site contact.\***

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Product(s) to sample:**

**Brief description of dispensing method:**

### Sampling Guidelines:

- All food and beverage sampling must be pre-approved by the venue.
- A Health Permit is required by the County of Albany Health Department.
- Sample sizes are limited to 2 oz for food and 4 oz. for non-alcoholic beverages.
- Samples must be provided at no charge.
- Exhibitor must provide proof of liability insurance.
- Depending on the material of the show floor, you may be required to supply floor covering within your booth. i.e. plastic, carpeting, tarp. Please refer to your exhibitor kit for these details.

*\*Show Management reserves the right to remove any items which do not meet these requirements.\**

**\*\*IMPORTANT\*\***

When submitting this form, you must use " BTU Sampling Request Form " as the subject line.

This will ensure the request has been received by ACS.

All Sampling Request Forms **must** be submitted to [Ops@acsshows.com](mailto:Ops@acsshows.com).

If you have any questions please contact us at (516) 422-8100.

American Consumer Shows  
Phone: (888) 433.EXPO (3976) (516) 422.8100  
Web: [acsshows.com](http://acsshows.com) | Email: [info@acsshows.com](mailto:info@acsshows.com)

ALBANY COUNTY DEPARTMENT OF HEALTH –  
DIVISION OF ENVIRONMENTAL HEALTH SERVICES

**TEMPORARY FOOD SERVICE INSTRUCTIONS**

1. YOU ARE PERMITTED TO SELL ONLY THOSE ITEMS LISTED ON YOUR APPLICATION FILED WITH THIS DEPARTMENT.
2. A fee of \$30.00 (per vendor) and a list of vendors names, addresses and phone numbers and food they will be vending must accompany your application.
  - Make checks payable to **Albany County Health Department**
3. Copies of Workers Compensation **AND** Disability Insurance certificates **OR** a CE-200 Workers' Compensation form must be submitted to Albany County Health Department with your application. See instructions below.

Please contact your insurance agent for one of the following forms.

- **Form C-105.2** – Certificate of Workers' Compensation Insurance
- **Form U-26.3** – Certificate of Workers' Compensation Insurance
- **Form SI-12** – Certificate of Workers' Compensation Self Insurance
- **Form GSI-105.2** – Certificate of Participation in Workers' Compensation Group Self-Insurance

**-AND-**

Please contact your insurance agent for one of the following forms.

- **Form DB-120.1** – Certificate of Disability Benefits
- **Form DB-155** – Certificate of Disability Benefits Self Insurance

**-OR-**

- **Form CE-200** - Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage. Form CE-200 may be obtained online at: <https://www.businessexpress.ny.gov/>. Once on the website, search for CE-200 and click on the “**Certificate of Attestation of Exemption (CE-200)**” link for instructions on how to apply.  
If further assistance is needed for this, please reach out to New York Business Express Center at: (518) 485-5000

**Albany County will not issue a permit without copies of insurance certificates as stated above.**

4. **Food storage:** All potentially hazardous foods held hot, must be held at a temperature of 140°F or greater. All potentially hazardous foods held cold, **must be held under mechanical refrigeration** at a temperature of 45°F or less. Potentially hazardous food is any food that consists, whole or part, of milk or milk products, eggs, meat, poultry, fish, shellfish, edible crustacean or other ingredients, in a form capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms.
5. A metal stem-type, numerically scaled thermometer accurate to plus or minus two degrees Fahrenheit (1.1 Celsius) must be available and used to ensure adequate temperatures.
6. All foods must be from approved sources, prepared in facilities under permit by the Albany County Health Department or an appropriate regulatory agency. Food may NOT be prepared at home. (Commissary Letter is required)
7. Your permit allows **VENDING** only! Foods must be in a form requiring only limited preparation such as seasoning or cooking. Any additional preparation procedures such as onsite assembly of salads, sandwiches, pastries, etc. are prohibited.
8. Bare hand contact with ready-to-eat food is not allowed. Sanitary gloves, utensils, or barriers must be used.

ALBANY COUNTY DEPARTMENT OF HEALTH –  
DIVISION OF ENVIRONMENTAL HEALTH SERVICES

9. Personnel: All persons working with food are to be free from infectious disease which can be transmitted by foods and are not to have boils, infected cuts, sores or any respiratory disease. They are to wear clean clothing, not smoke or use tobacco while handling food or in food preparation areas, and use hair restraints that minimize hair contact with hands, food and food contact surfaces
10. Prepared foods must NOT be displayed uncovered.
11. Storage of food on the ground is prohibited.
12. **Hand Washing Facilities**: Hand washing facilities are to consist of a supply of clean, potable water, soap or detergent, a receptacle to hold wastewater and paper towels.
13. All damp wiping cloths must be kept in a sanitizing solution. Repetitive use of dry cloth towels for hand cleaning is prohibited.
14. The area surrounding your food service must be maintained in a clean and sanitary condition at all times. Disposing or dumping of cooking water, ice water, or food wastes on the street or ground is prohibited.
15. Your health permit must be displayed and observable at all times.
16. Enforcement: If your operation is found to be in violation of Sub-Part 14-2 of the New York State Sanitary Code, you will be ordered to leave the area immediately and be required to attend a formal hearing to review the matter. Failure to correct the noted deficiencies and repetitive violations will result in the initiation of legal action by this Department.

**If you have any questions or need additional information you may contact us at:  
DIVISION OF ENVIRONMENTAL HEALTH SERVICES:  
PHONE: (518) 447-4620 FAX: (518) 447-4698**

ALBANY COUNTY DEPARTMENT OF HEALTH –  
DIVISION OF ENVIRONMENTAL HEALTH SERVICES

**APPLICATION FOR A PERMIT**  
**TO OPERATE A TEMPORARY FOOD SERVICE ESTABLISHMENT**

(No more than 14 consecutive days)

OPERATION OF A FOOD SERVICE ESTABLISHMENT WITHOUT A PERMIT IS A VIOLATION OF PART 14-2 OF THE NEW YORK STATE SANITARY CODE AND ARTICLE IV OF THE ALBANY COUNTY SANITARY CODE AND IS A MISDEMEANOR.

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Location (Give detailed location: i.e. road, street, building# or distance from some well-known point.): \_\_\_\_\_

Name & Title of person responsible for operation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Event to operate between the dates of: \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_ Hours of operation: \_\_\_\_\_

Total number of booths where food or drink will be served: \_\_\_\_\_

Number of booths owned and operated by the Organization: \_\_\_\_\_

A fee of \$30.00 per vendor is required. Total amount paid: \$ \_\_\_\_\_

Number of Expected Attendees: \_\_\_\_\_

Is running water available? Yes:  No:  If yes, please describe: \_\_\_\_\_

Is electricity available? Yes:  No:  If yes, please describe: \_\_\_\_\_

Will restroom facilities be provided? Yes:  No:  If yes, please describe: \_\_\_\_\_

**You must provide Certificate(s) for proof of Insurance:**

(See Worker's Compensation Board Insurance Requirements document detailed instructions)

**Workers Compensation and Disability Benefit Insurance**

One of the following forms: C-105.2:  U-26.3:  SI-12:  GSI-105.2:

**AND**

One of the following forms: DB-120.1:  DB-155:

**-OR-**

Form CE-200:

**A PERMIT MAY BE SUSPENDED BY THE COMMISSIONER UPON VIOLATIONS  
OR REVOKED FOR SERIOUS OR REPEATED VIOLATIONS.**

If this application is approved, the undersigned applicant hereby agrees to operate the food service establishment described above in complete compliance with the requirements of Part 14-2 of the New York State Sanitary Code and Article IV of the Albany County Sanitary Code.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

**If you have any questions or need additional information you may contact us at:**

**DIVISION OF ENVIRONMENTAL HEALTH SERVICES:**

**PHONE: (518) 447-4620 FX: (518) 447-4698**

<p><b>OFFICE USE ONLY</b></p> <p>DENIED: <input type="checkbox"/></p> <p>APPROVED: <input type="checkbox"/></p> <p>DATE: _____</p> <p>PERMIT#: _____</p> <p>PERMIT EXPIRATION: _____</p> <p><u>PAYMENT RECEIVED</u></p> <p>YES: <input type="checkbox"/> NO: <input type="checkbox"/></p> <p>AMOUNT: \$ _____</p> <p>CASH: <input type="checkbox"/> CHECK# _____: <input type="checkbox"/></p>
--

## **Worker's Compensation Board Insurance Requirements**

The following is required by worker's compensation board compliance division.

Only **ONE** of the forms from **EACH** of the following two lists need to be submitted **UNLESS** an exemption attestation is being submitted. (see Exemption – Business Operating without Employees section below)

Document form numbers must be **EXACT**.

### **Workers Compensation**

- **Form C-105.2** – (Most carriers) Certificate of Worker's Compensation Insurance
- **Form U-26.3** – (NYS Insurance Fund) Certificate of Worker's Compensation Insurance
- **Form SI-12** – Certificate of Worker's Compensation Self-Insurance
- **Form GSI-105.2** – Certificate of Participation in Worker's Compensation Group Self-Insurance

**-AND-**

### **Disability Benefit**

- **Form DB-120.1** – (Most carriers and NYS Insurance Fund) Certificate of Disability Benefits
- **Form DB-155** – Certificate of Disability Benefits Self-Insurance

---

**-OR-**

### **Exemption – Business Operating without Employees**

- **Form CE-200** – Certificate of Attestation of Exemption from NYS Worker's Compensation and/or Disability Benefits Coverage. Form CE-200 may be obtained online at: <https://www.businessexpress.ny.gov/>. Once on the website, search for CE-200 and click on the **“Certificate of Attestation of Exemption (CE-200)”** link for instructions on how to apply. If further assistance is needed for this, please reach out to New York Business Express Center at: (518) 485-5000

- **PERMITS WILL NOT BE ISSUED WITHOUT THE PROPER CERTIFICATE DOCUMENTATION**
- **ACORD CERTIFICATES OF LIABILITY AND NOTICES OF COMPLIANCE FORMS ARE NOT ACCEPTED**
- **PLEASE CONTACT YOUR INSURANCE CARRIER/AGENT FOR ASSISTANCE**

**If you have any questions or need additional information you may contact us at:  
DIVISION OF ENVIRONMENTAL HEALTH SERVICES:  
PHONE: (518) 447-4620 FAX: (518) 447-4698**