

## FOOD AND BEVERAGE CONCESSIONAIRE AUTHORIZATION 2023-2024

| APPLICATION FORM   |   |                           |                                 |                      |
|--|---|---------------------------|---------------------------------|----------------------|
| EVENT NAME:  | EVENT DATES:  | <b>.</b>                  | воотн #:                        |                      |
| Company Name:  |   |                           |                                 |                      |
| Address:   | City:   | Prov./State:              | Postal/ZIP:                     |                      |
| Contact Name:  | Email:  |                           | Phone:                          |                      |
| Name and address of Affiliated Appro   | ved Food Handling Establishment (                                       | (if applicable)           |                                 |                      |
| Product(s) you wish to dispense:   |   |                           |                                 |                      |
| RBC Convention Centre Winnipeg mu  |   | -                         | -                               |                      |
|  | oducts manufactured, processed o<br>ns applicable to the show. If consu | •                         | _                               | be considered        |
| 3. Items must adhere to all Manitob  | a Health, Health Protection Unit's e regulations of the Liquor, Gamin   |                           |                                 | All alcoholic        |
| 4. The Concessionaire will be respor   | nsible for an 8' x 10' booth at \$125                                   | _                         |                                 | opening of the       |
| event.  5. Extensive food preparation (preplestablishment Permit from a Publ |   | may require a separa      | te Temporary Food Servi         | ce                   |
| I have read and understood   | the general conditions.   |                           |                                 |                      |
| I hereby authorize the RBC Convention Centre \                               | Ninnipeg to perform the service described                               | above and agree to assume | complete responsibility for all | charges for service. |
| Authorized Exhibitor Signature   | Name & Title of Author  | ized Representative       |                                 | Date MM/DD/YY        |
| RBC Convention Centre Authorization  | Name & Title of Author  | ized Representative       |                                 | Date MM/DD/YY        |

Email your form to: services@wcc.mb.ca

For further inquiries or information call Exhibitor Services at 204-957-4538

All emails need to be accompanied with a

**Payment Authorization Form**