

Michigan Bridal & Wedding Expo

UWM Sports Complex
867 South Blvd.
Pontiac, MI 48341

Important Sampling Guidelines & Reminders

This guide outlines the process for exhibitors who plan to sample or sell food and non-alcoholic beverages at the event. Exhibitors must notify ACS in advance and provide details about the products, preparation methods, and any equipment used. Review the guidelines below to ensure all venue and health requirements are met.

How to Notify ACS - Food Sampling

Email Ops@ACSshows.com with the subject line:

BUS - Food Sampling Notification

Your email must include:

- Date of the event
- Your company name
- The contact name and email address of the person requesting approval
- The type of food or beverage you intend to sample
- How the product will be prepared, stored, and served at the show
- Any equipment or heat sources you plan to use (e.g., warmers, coolers, tabletop appliances)

Food and Non-Alcoholic Beverages:

- Food sample size must be 2 oz or less
- Non-alcoholic beverage sample size must be 2 oz or less
- Sampling food or beverages requires floor covering.
- All samples must be distributed free of charge and intended to promote your products or services.
- Providing samples in excess of these sizes — or without following these rules — may violate venue policies and could result in removal from the show floor.
- Sampling may require a health permit and/or a venue sampling form. Please review the sections below for specific requirements.
- You may only sample food or beverages that your business produces or sells.
- Samples used purely for traffic promotion must be purchased directly through the venue. Please see the example below.
 - *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.*

Venue Sampling Form

A sampling form is not required to sample at this venue.

Alcoholic Beverages

Alcohol sampling or selling on-site is strictly prohibited at this venue.

Food Selling

Selling food at this event requires prior approval from American Consumer Shows and the venue. This approval is typically granted during the exhibitor sign-up process. If you did not receive permission to sell food when you first registered, you must request approval before the show.

How to Notify ACS - Food Selling

Email Ops@ACSshows.com with the subject line:

BUS - Request to Sell Food

Your email must include:

- Date of the event
- Your company name
- The contact name and email address of the person requesting approval
- The type of food or beverage you intend to sell
- How the product will be prepared, stored, and served at the show
- Whether you plan to sample in addition to selling
- Any equipment or heat sources you plan to use (e.g., warmers, coolers, tabletop appliances)

Health Permit:

- A Health Permit is required to sample at the event. This is required to be sent to the Oakland County Health Department. Submission instructions are located below. All health permit questions should be directed to the Department of Health.
- If you are unsure if you require a Health Permit, please contact Dawn Ransdell at 248.343.5404.

North Oakland Health Center

Phone: 248.858.1280

Email: health@oakgov.com

Address: 1200 N Telegraph Bldg. 34 East, Pontiac, MI 48341

Hours: Monday - Friday 8:30am - 5:00pm

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

MICHIGAN TEMPORARY FOOD ESTABLISHMENT LICENSE APPLICATION

APPLICANT/BUSINESS CONTACT INFORMATION:

Organization/Business Name: _____
 Main Contact: _____ Email: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Primary Phone: _____ Cell Phone: _____ Fax : _____
 Alternative Contact: Name: _____ Phone: _____

PUBLIC EVENT INFORMATION: Name of Public Event: _____

Food Service Start Date: _____ Serving Start Time: _____
 Ending Date: _____ End Time: _____
 When will food preparation begin? Date: _____ Starting Time: _____
 Event Location (Name & Address): _____
 Event Coordinator Name: _____ Phone: _____

If Applicable, Non Profit Tax ID #: _____

I AM AWARE THAT EACH BOOTH MUST BE PROPERLY EQUIPPED AND READY TO OPERATE BY THE TIME INDICATED, AND THAT FAILURE TO DO SO MAY RESULT IN DENIAL OF MY LICENSE.

Applicant Name (Print) _____
 Applicant Signature: _____ Date: _____

Estimated Number of Meals to be Served Each Day: _____

EQUIPMENT LIST:

Identify equipment used at your temporary food establishment. Check all boxes that apply.

- | | | |
|---|---|--|
| <p>A Hand Wash Station</p> <p><input type="checkbox"/> Large insulated container with a spigot, warm water, hand soap, paper towels and a large catch bucket</p> <p><input type="checkbox"/> Hand sink</p> <p><input type="checkbox"/> Self-contained portable unit</p> <p><input type="checkbox"/> Other _____</p> | <p>B Cooking/Reheating Equipment</p> <p><input type="checkbox"/> Grill/BBQ</p> <p><input type="checkbox"/> Fryer</p> <p><input type="checkbox"/> Oven</p> <p><input type="checkbox"/> Roaster</p> <p><input type="checkbox"/> Other _____</p> | <p>C Cold/Hot Holding Equipment</p> <p><input type="checkbox"/> Ice chest/cooler with ice</p> <p><input type="checkbox"/> Refrigerator</p> <p><input type="checkbox"/> Freezer</p> <p><input type="checkbox"/> Steam table</p> <p><input type="checkbox"/> Grill/BBQ</p> <p><input type="checkbox"/> Chafing dish w/ fuel</p> <p><input type="checkbox"/> Slow cooker/roaster</p> <p><input type="checkbox"/> Other _____</p> |
| <p>D Floor/Overhead Protection*</p> <p><input type="checkbox"/> Food is prepared & served indoors</p> <p><input type="checkbox"/> Floors are cleanable and Impermeable
Describe: _____</p> <p><input type="checkbox"/> Canopy/tent</p> <p><input type="checkbox"/> Screening</p> <p><input type="checkbox"/> Other _____</p> | <p>E Cleaning/Sanitizing</p> <p><input type="checkbox"/> Three basins to wash (dish soap), rinse (clear water) and sanitize (sanitizer)</p> <p><input type="checkbox"/> Extra utensils</p> <p><input type="checkbox"/> Bucket with sanitizing solution and wiping cloth(s)</p> <p><input type="checkbox"/> Sanitizer</p> | <p>F Other</p> <p><input type="checkbox"/> Chemical test strips to test sanitizer solution</p> <p><input type="checkbox"/> Metal stem thermometer</p> <p><input type="checkbox"/> Gloves</p> <p><input type="checkbox"/> Hair restraints</p> <p><input type="checkbox"/> Electricity available</p> <p><input type="checkbox"/> Water source (circle all that apply)
Municipal/City Water Well Bottled</p> |

*If extensive food handling occurs, it must be done in a fully enclosed space.

ADDENDUM A:

COMMISSARY AGREEMENT

Organizations or individuals requiring the use of an off-site kitchen facility must obtain a review and approval, by the licensing agency, of the off-site kitchen facility at the time of license application. Inspection fees may apply if the facility is NOT currently licensed as a permanent food establishment. If you change the commissary location prior to the event, notify the department to update the commissary agreement. It may be required that you provide a copy of the Commissary Food License.

Temporary Food Service Operator requiring the use of an off-site kitchen facility must complete the following information:

I, _____ allow _____
Licensed Food Service Operator/Owner *Organization*

to use _____
Name & Address of Licensed Facility Used *Facility License Number*

For: Food Preparation Cold Food Storage Cooking Cooling Food Hot Holding
 Dry Food Storage Warewashing Approved Water Supply Waste water Disposal

_____ Other: _____

Date(s) Licensed Facility will be used for this event: _____ to _____ Time of use: _____ to _____

Signature of Licensed Facility Owner/Operator

Date

For Office Use Only

APPROVED _____ DENIED _____

COMMENTS: _____