

ALCOHOLIC BEVERAGE POLICY

Agri~Plex and The Great Allentown Fair retains the exclusive right to provide alcoholic beverages per the PLCB Liquor License for the Lehigh County Agricultural Society (LCAS).

Exhibitors may request to sample/sell alcohol and receive permission only upon written authorization from LCAS and by completing the appropriate forms, PLCB documentation and submitting these with certificate of insurance to LCAS **thirty (30) days prior to the start of the event**. Serving and sale of alcohol by third parties on LCAS grounds, which are PLCB licensed, is generally prohibited with limited exceptions for licensed distillers and wineries.

REQUIREMENTS TO TASTE AND SELL ALCOHOL

Any exhibitor requesting product tastings and/or the sale of alcoholic beverages must receive permission from LCAS.

Alcohol tastings are for market research and for educating consumers as to the qualities and availabilities of wines, spirits, or malted brewed beverages and may be conducted by manufactures, their representatives, distributors, importing distributors, or retail licensees provided they adhere to the following, per the Pennsylvania State Liquor Control Board and LCAS policies.

Exhibitors who qualify for a **Limited Winery Permit, Limited Distillery Permit, or Limited Brewery Permit** from the state of Pennsylvania are permitted with LCAS approval to sample and sell product in the Agri~Plex and Great Allentown Fair.

1. The exhibitor is required to provide a copy of the **PLCB Limited Exposition Permit** reflecting the dates of the show – See sample permit on page 4.
2. The exhibitor must complete the **Request Form (page 3)**. This is only a request to exhibit and sample alcoholic beverages – LCAS reserves the right to approve or deny any application.
3. The exhibitor must submit the **Certificate of Insurance** exactly as shown on page 5.
4. Exhibitors must adhere to the sampling and selling guidelines outlined below.

ALCOHOL SAMPLE SIZE AND SELLING GUIDE

WINERIES	DISTILLERIES	BREWERIES
• Sample size not to exceed one (1) ounce. • Selling by the bottle or case lot only. • No individual glasses to be sold.	• Sample size not to exceed half (0.5) ounce. • Selling by the bottle or case lot only. • No individual beverages to be sold.	• Sample size not to exceed two (2) ounces. • Selling by the bottle or case lot only. • No individual glasses, bottles, or growlers to be sold.

Any exhibitor that is **not** a Limited Winery, Limited Distillery or Limited Brewery in the State of Pennsylvania is **not permitted to pour or serve their own samples, and is not permitted to sell products onsite.**



ALCOHOLIC BEVERAGE POLICY

**ALCOHOL SOLD BY AN EXHIBITOR CANNOT BE CONSUMED ON LCAS PROPERTY.
THIS IS A VIOLATION OF THE LCAS LIQUOR LICENSE AND PROHIBITED BY THE PLCB.**

In addition to the requirements on Page 1, each booth must adhere to the following:*

- Signage provided by LCAS stating that alcohol sold is NOT to be opened on LCAS property as this is a violation of the LCAS liquor license and prohibited by the PLCB (see page 6 for example)

As of March 23, 2022 per the Pennsylvania Liquor Control Board,
CONSUMABLE CBD CANNOT BE SOLD, SAMPLED, OR
CONSUMED ON LCAS PREMISES AS THIS VIOLATES THE LCAS
LIQUOR LICENSE AND IS UNLAWFUL IN PENNSYLVANIA.

Examples include gummies, edibles, non-alcoholic beverages, and tinctures.

For additional information, please contact Lehigh County Agricultural Society's main office: 610-433-7541

All policy decisions are approved by a majority vote of Lehigh County Agricultural Society's Executive Committee.

REQUEST FORM

Please complete this form for consideration to receive authorization to sample and/or sell alcohol at the Agri~Plex and/or Great Allentown Fair.

Request Form:

LCAS retains the exclusive right to provide all food and beverage services throughout the Agri~Plex (non-fair week). Please complete and return this form to receive authorization to sample product.

This policy is strictly enforced. Violations will result in products being removed from the event.

Name of Show/Event: _____

Event Date: _____

Company Name: _____ Booth Number: _____

Contact Name: _____

Email Address: _____ Phone Number: _____

Address: _____

Product you wish to sample and sell: _____

CHECKLIST

☐

Completed LCAS Request Form

☐

PLCB License Permit

☐

Certificate of Insurance

☐

Booth Signage – the provided signage will be posted visibly at my booth referencing alcohol cannot be opened on LCAS property (page 7)

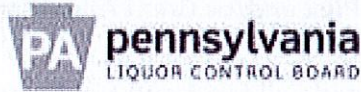
Vendor Signature: _____ Date: _____

(Your signature identifies that you have read and understand the terms and conditions of this policy)

Approved: _____ Date: _____

LCAS Representative

SAMPLE — PLCB LIMITED EXPOSITION PERMIT



Month, Date, Year

Company Name
Address
Address

RE:
License No.
File/Job No.
Licensing Information Center

Dear Licensee:

An Exposition Permit is hereby granted to the above-referenced licensee for the premises/location listed herein. The hours of operation are limited to the hours permitted by law for your license type.

Dates:

Location: Allentown Fairgrounds, 302 North 17th Street, Allentown, Lehigh County, PA 18104.

This permit authorizes sales of your product in volumes permitted under the authority of your license and to provide tasting samples in individual portions as permitted by law.

The area in question is currently subject to Lehigh County Agricultural Society. However, during the dates in question, the area will be deemed to be subject to the special permit and not Lehigh County Agricultural Society.

The areas approved by this permit must be defined by physical separation from any other areas or business, so as to clearly delineate the areas under the sole control for the purpose of the event and the subject permittee.

The Bureau of Liquor Control Enforcement of the Pennsylvania State Police is responsible for enforcement of the Liquor Code and PLCB regulations.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tim Holden'.

Tim Holden
Chairman

A handwritten signature in black ink, appearing to read 'Michael Negra'.

Michael Negra
Member

A handwritten signature in black ink, appearing to read 'Michael Newsome'.

Michael Newsome
Member

THIS IS THE LICENSE AUTHORITY

Bureau of Licensing
Northwest Office Building | Harrisburg, PA 17124 | 717.783.8250 | F 717.772.2165 | lcb.pa.gov

SAMPLE — CERTIFICATE OF INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).																															
PRODUCER NAME INSURED Third Party Concessionaire/Exhibitor				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Contact Name</td> </tr> <tr> <td>PHONE (A/C, No, Ext): Phone Number</td> <td>FAX (A/C, No): Fax Number</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: Email Address</td> </tr> <tr> <td colspan="2">PRODUCER</td> </tr> <tr> <td colspan="2">CUSTOMER ID #:</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="width:20%; text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A: Insurer Name</td> <td></td> </tr> <tr> <td>INSURER B: Insurer Name</td> <td></td> </tr> <tr> <td>INSURER C: Insurer Name</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>				CONTACT NAME: Contact Name		PHONE (A/C, No, Ext): Phone Number	FAX (A/C, No): Fax Number	E-MAIL ADDRESS: Email Address		PRODUCER		CUSTOMER ID #:		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Insurer Name		INSURER B: Insurer Name		INSURER C: Insurer Name		INSURER D:		INSURER E:		INSURER F:	
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INSURER F:																															
COVERAGES CERTIFICATE NUMBER: SAMPLE REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.																															
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																									
A	GENERAL LIABILITY					EACH OCCURRENCE	\$ 1,000,000																								
	☒ COMMERCIAL GENERAL LIABILITY			DATE	DATE	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000																								
	CLAIMS-MADE ☒ OCCUR		POLICY NUMBER			MED EXP (Any one person)	\$ 5,000																								
						PERSONAL & ADV INJURY	\$ 1,000,000																								
						GENERAL AGGREGATE	\$ 2,000,000																								
	GEN'L AGGREGATE LIMIT APPLIES PER:			FOOD VENDORS ONLY		PRODUCTS - COM/POP AGG	\$ 2,000,000																								
	☒ POLICY ☐ PROJECT ☐ LOC			NON-FOOD VENDORS ONLY			\$ 1,000,000																								
A	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$																								
	ANY AUTO					BODILY INJURY (Per person)	\$																								
	ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$																								
	SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident)	\$																								
	HIRED AUTOS					Uninsured motorist combined	\$																								
	NON-OWNED AUTOS					Underinsured motorist	\$																								
B	UMBRELLA LIAB	OCCUR				EACH OCCURRENCE	\$																								
	EXCESS LIAB	CLAIMS-MADE				AGGREGATE	\$																								
	DEDUCTIBLE						\$																								
C	RETENTION \$						\$																								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS	OTH-ER																								
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A			E.L. EACH ACCIDENT	\$																								
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE	\$																								
						E.L. DISEASE - POLICY LIMIT	\$																								
D	LIQUOR LIABILITY			DATE	DATE	EACH COMMON CAUSE	1,000,000																								
						AGGREGATE	1,000,000																								
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) LEHIGH COUNTY AGRICULTURAL SOCIETY, ITS DIRECTORS, OFFICERS, AGENTS AND EMPLOYEES ARE INCLUDED AS ADDITIONAL INSURED ON A PRIMARY ND NONCONTRIBUTORY BASIS.																															
CERTIFICATE HOLDER Lehigh County Agricultural Society (or The Great Allentown Fair depending on event) 302 North 17 th Street Allentown, PA 18104				CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Agent of Record																											

Your insurance MUST have the exact information as highlighted.

SAMPLE — BOOTH SIGNAGE FOR ALCOHOL

Each vendor/exhibitor is required to visibly post the below document at their booth. This document will be provided to you upon setup.

**Alcohol purchased from
this booth cannot be
opened on Fairgrounds
property as this is a
violation of the LCAS
liquor license and
prohibited by the PLCB.**

Thank you for your cooperation.

