

SHOW READY EXPO

Riverside Bridal & Wedding Expo

Riverside Convention Center

November 17, 2024

Riverside Bridal & Wedding
 Riverside Convention Center
 November 17, 2024

Company Name _____
 Booth# _____

SHOW READY EXPO
 9150 Hyssop
 Rancho Cucamonga, CA 91730
Phone: (909) 468-0444 Fax: (909) 992-3700

*** To qualify for *Advanced Pricing*; payment *must* be included with order by **Deadline Date: Nov 4, 2024** Before 4:00 pm**

FURNITURE & ACCESSORIES ORDER FORM

DISPLAY TABLES & TABLE DRAPING: 30" High			
		<u>ADVANCE</u>	<u>FLOOR</u>
<input type="checkbox"/>	4' x 24" Table (Undraped)	\$40.00	\$60.00
<input type="checkbox"/>	6' x 24" Table (Undraped)	\$50.00	\$70.00
<input type="checkbox"/>	8' x 24" Table (Undraped)	\$60.00	\$80.00
<input type="checkbox"/>	4' x 24" Table (Draped)	\$80.00	\$100.00
<input type="checkbox"/>	6' x 24" Table (Draped)	\$90.00	\$110.00
<input type="checkbox"/>	8' x 24" Table (Draped)	\$100.00	\$120.00
* Price includes top covered with white plastic and 3 sides draped			
	4 th Side Draped Each	\$30.00	\$40.00
Please circle skirt color:			
Black Blue Burgundy Gold Grey Purple Red White			

CARPET			
		<u>ADVANCE</u>	<u>FLOOR</u>
<input type="checkbox"/>	9' x 10' Carpet	\$160.00	\$195.00
<input type="checkbox"/>	9' x 20' Carpet	\$215.00	\$250.00
<input type="checkbox"/>	9' x 30' Carpet	\$260.00	\$295.00
* Price includes installation, front edge taping and pickup at close of show. If carpet is ordered in multiples of two or more, the carpets are not guaranteed to be a color match.			
Please circle carpet color:			
Black Blue Burgundy Grey Red			

DISPLAY COUNTERS & COUNTER DRAPING: 42" High			
		<u>ADVANCED</u>	<u>FLOOR</u>
<input type="checkbox"/>	4' x 24" Counter (Undraped)	\$70.00	\$ 90.00
<input type="checkbox"/>	6' x 24" Counter (Undraped)	\$80.00	\$ 100.00
<input type="checkbox"/>	8' x 24" Counter (Undraped)	\$90.00	\$ 110.00
<input type="checkbox"/>	4' x 24" Counter (Draped)	\$105.00	\$ 125.00
<input type="checkbox"/>	6' x 24" Counter (Draped)	\$115.00	\$ 135.00
<input type="checkbox"/>	8' x 24" Counter (Draped)	\$125.00	\$145.00
* Price includes top covered with white plastic and 3 sides draped			
	4 th Side Draped Each	\$35.00	\$45.00
Please circle skirt color:			
Black Blue Burgundy Gold Grey Red White			

CHAIRS & MISCELLANEOUS ACCESSORIES			
		<u>ADVANCED</u>	<u>FLOOR</u>
<input type="checkbox"/>	Padded Side Chair	\$ 40.00	\$ 55.00
<input type="checkbox"/>	Folding Chair	\$ 20.00	\$ 30.00
<input type="checkbox"/>	Padded Counter Stool	\$ 60.00	\$ 75.00
<input type="checkbox"/>	Crossbar	\$ 30.00	\$ 40.00
<input type="checkbox"/>	Upright & Base	\$ 20.00	\$ 25.00
<input type="checkbox"/>	8 ft. Backwall Drape (Per foot)	\$ 6.50	\$ 12.00
<input type="checkbox"/>	Easel	\$ 40.00	\$ 55.00
<input type="checkbox"/>	Wastebasket	\$ 20.00	\$ 30.00

*** Cancellation Policy:** Items canceled will be charged at 50% of original price after Show Ready move-in begins and 100% of original price after installation.

BRIDAL & WEDDING EXPO

Riverside Convention Center
3637 Fifth Street
Riverside, CA 92501

IMPORTANT INFORMATION

All types of battery packs and/or separately derived power systems are prohibited in the Riverside Convention Center.

Primal Electric has full exclusivity for providing electric to your booth. If a battery pack or separately derived power system is used, you must remove it from the convention center.

California

Bridal & Wedding Expo

November 17, 2024



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11/8/2024

to receive Discounted Rates

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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.
- Food and beverage samples are limited to 1 oz or less.
- Alcohol is not permitted to be sampled or sold on-site.
- Samples must be provided at no charge.
- Exhibitor must provide proof of liability insurance to Riverside Convention Center.
- A temporary health permit from Riverside County is required.
- 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 " BRS - 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 yreyes@riv-cc.com.

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

American Consumer Shows

Phone: (888) 433.EXPO (3976) (516) 422.8100 Fax: (888) 580.3977

Web: acsshows.com | Email: info@acsshows.com



County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

Department of Environmental Health
P.O. Box 7909
Riverside, CA 92513-7909

District #

Non-Profit #

OCR#

Tier 1/Tier 2

APPLICATION TO OPERATE A TEMPORARY FOOD FACILITY

Riverside County Code 4.52 and the California Health and Safety Code

THIS APPLICATION IS FOR: [] TEMPORARY EVENT (4-25 DAYS IN A 90 DAY PERIOD)
[] OCCASIONAL EVENT (3 DAYS OR LESS IN A 90 DAY PERIOD)

NAME OF OWNER:

FACILITY NAME:

BILLING ADDRESS: CITY: STATE: ZIP:

BUSINESS TELEPHONE: HOME TELEPHONE:

EMAIL ADDRESS:

NAME AND LOCATION OF EVENT:

DATE(S) OF EVENT: NUMBER OF DAYS: NUMBER OF PARTICIPANTS EXPECTED:

DATE SITE PLAN SUBMITTED: SITE PLAN APPROVED BY:

*SUBMIT THIS APPLICATION AT LEAST TEN (10) DAYS PRIOR TO THE EVENT.

Table with 3 columns: COMMUNITY EVENTS, TEMPORARY EVENTS, OCCASIONAL EVENTS. Rows include OPERATIONAL PERMIT (PER BOOTH) and 100% PREPACKAGED BOOTH.

COMMUNITY EVENT DISCOUNTED PERMIT FEES:

Table with 3 columns: Vendor count, Temporary Events fee, Occasional Events fee. Rows range from 1-5 VENDORS to 96+ VENDORS.

*EVENT ORGANIZER FEE

Event organizers will be required to submit a "Temporary Food Facility Community Event Coordinator's Application" form and all applicable fees at least two (2) weeks prior to the event.

Please submit payment WITH YOUR APPLICATION. Permit fees may be paid with cash, or select major credit card (contact area office for details) or money order payable to Riverside County Department of Environmental Health.

I HEREBY APPLY FOR A RECEIPT/PERMIT, WITH APPROPRIATE FEES ATTACHED, TO OPERATE AT THE ABOVE COMMUNITY EVENT.

DATE: OWNER/OPERATOR: SIGNATURE DRIVERS LICENSE#/ EXP. DATE

For Our Office Locations Call Us at (888)722-4234 or Visit Our Website at www.rivcoeh.org



COUNTY OF RIVERSIDE DEPARTMENT OF ENVIRONMENTAL HEALTH

(888)722-4234 • RIVCOEH.ORG

COMMUNITY EVENT FACILITY OPERATOR'S AGREEMENT FORM

Name of Food Facility: _____

Name of Person in Charge of Booth/Mobile: _____ Cell #: _____

Email: _____ ID # & DOB (attach copy of ID): _____

Event: _____ Operating date(s) & time(s): _____

By submitting this form, the food facility operator, agrees to adhere to the health and safety requirements to operate at the above-mentioned event. If at any point the facility is not able to meet these requirements as described in the Operator's Guide booklet (Spa.), it shall stop operating until minimum health standards are met. Failure to do so could result in closure by the event coordinator or Environmental Health Department (EH) representative, and is subject to further enforcement action (hearing, citation, etc.).

Setup

Mark type of operating setup (Booth or Mobile Food Facility):

Booth



Mobile Food Facility (MFF)

Truck



Cart or Trailer



Permitted MFF in Riverside County (RivCo): Yes No

Permit #:

County permit issued in if not RivCo:

- Facility will have sign posted with the name of facility in at least 3" high lettering, the city, state, zip code, and name of the operator in at least 1" high lettering. Sign to be legible and easily visible to patrons. _____ **(Initial)**
- For both MFF or Booth setup** food preparation and dispensing shall occur within an approved enclosure. Pass thru window(s) are to be no larger than 216 in² with 18" between windows. For **Booth setup**, enclosure to have overhead protection, fire resistant mesh walls, and ground covering (if over grass or dirt). If fire dept. requires any cooking equipment outside of the booth, it shall be in an area away from customers or possible contamination. If there is wind or other inclement weather conditions (rain, etc.) that would contaminate food, outside cooking shall immediately cease. _____ **(Initial)**

Food Safety

- List all menu items including drinks: _____

Equipment that will be set-up at event (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Oven, # of units: _____ | <input type="checkbox"/> Fryer, # of units: _____ | <input type="checkbox"/> Refrigerator, # of units: _____ |
| <input type="checkbox"/> Vertical Broiler, # of units: _____ | <input type="checkbox"/> BBQ, # of units: _____ | <input type="checkbox"/> Ice chests, # of units: _____ |
| <input type="checkbox"/> Flat grill, # of units: _____ | <input type="checkbox"/> Stove or Range, # of units: _____ | <input type="checkbox"/> Freezer, # of units: _____ |
| <input type="checkbox"/> Other (describe): _____ | <input type="checkbox"/> Steam table, # of units: _____ | <input type="checkbox"/> Cold table, # of units: _____ |

- List any food or equipment that will be outside of booth or MFF. Specify how food will be dispensed (ex. squeeze bottle), stored (ex. hotdogs in cooler with ice), and protected (ex. BBQ has lid, behind rope fence and not near trees).


Note: Outside cooking/storage/dispensing of foods is limited to type of food/equipment and method of dispensing to prevent contamination and may not be allowed at event due to weather or other environmental factors.

5. I agree to purchase and prepare all food the day of the event, unless otherwise discussed and allowed by EH. I will contact EH if there are any significant changes to menu/operation prior to event to ensure health standards are met. No food or beverage preparation may occur at an unapproved location, such as a private residence, except CFO. _____ (Initial)
 Check all locations where food will be prepared:

Onsite at the Event Permitted Food Facility Permitted CFO
 (Provide filled out Kitchen Agreement Letter) CFO Permit #: _____ County Issued in: _____

6. **ALL** potentially hazardous foods (phf) shall be held at or below 45°F or at or above 135°F. At the end of the operating day, any food held above 41°F shall be discarded. Adequate cold and hot holding equipment shall be provided to ensure proper temperature control of food during transportation, storage, and operation of facility. Food not cooked to and/or held, stored, or transported at proper temperature shall be discarded to prevent foodborne illness. _____ (Initial)

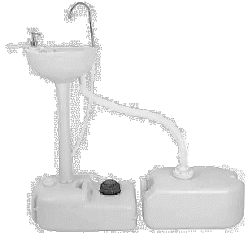
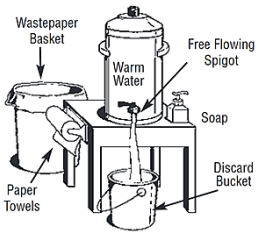
7. Ice used in food or for drink cups is a food and shall be protected from contamination. I will store ice off the ground, in clean, sanitized food grade containers, will not have other items touching ice cubes and will dispense ice properly (i.e. ice scoop or soda dispensing unit). Ice used to keep phf in temperature will be in sufficient quantity to maintain phf cold. _____ (Initial)

8. I will use reference thermometers in all cold or hot holding equipment and provide at least one internal food probe thermometer to check phf holding, cooking temperatures, etc. (see picture to right). _____ (Initial) 

Handwash

9. For facilities with any open food or beverages (including beer/wine gardens, sampling, etc.). I agree to provide a properly stocked hand washing station as described below. _____ (Initial)

Mark which hand wash set up you will have:



Each hand washing station shall have:

- Pump liquid soap
- Paper towels
- Fresh water container with free-flowing water spigot, with warm water (100°-108°F)
- Catch basin for wastewater (dispose in sanitary sewer)
- * Gloves and hand sanitizer does not replace hand washing

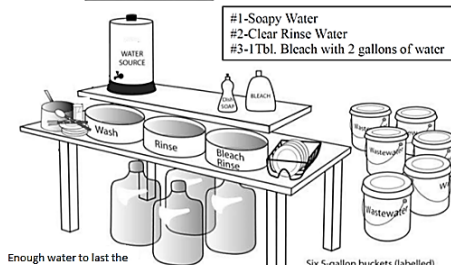
Cleaning

10. I agree **ALL** food equipment shall be washed in warm soapy water (minimum 100°F), rinsed, submerged in sanitizer, and air dried. I will use either chlorine sanitizer (100ppm, 30 seconds contact time) or quaternary ammonia sanitizer (200ppm, 60 seconds contact time) with the proper corresponding test strips. _____ (Initial)

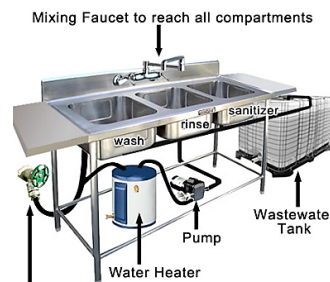
Mark which ware wash set-up and test strips you will have:



Extra utensils
 Partial one day events
 (menu dependent)



3-bucket/tub system
 For events 3 consecutive days or less



3-compartment sink

Chlorine and Quat
 Ammonia
 sanitizer test strips



Completed agreement form shall be submitted to Environmental Health at least 2 weeks prior to the event. Your Event Organizer may require you to submit to them more than 2 weeks in advance.

For Office Use Only: Reviewed By: _____ Date: _____ Notes: _____

Riverside
 (951) 358-5172

Hemet
 (951) 766-2824

Indio
 (760) 863-8287

Palm Springs
 (760) 320-1048

Murrieta
 (951) 461-0284

Corona
 (951) 273-9140