



TASTE OF HUNTINGTON BEACH
WHERE FINE FOOD, GOOD SPIRIT AND FRIENDLY PEOPLE MEET

SUNDAY MAY 1, 2011 12 NOON – 4:00 PM

Huntington Beach Sports Complex; 18100 Goldenwest Street

At Goldenwest & Talbert – across from the HB Central Library

www.TasteHB.com

BREWERY INFORMATION

Please join us for the 2011 Taste of Huntington Beach. This event is the annual fundraiser for the Friends of the Children's Library and draws over 3000 people every year. Enjoy an afternoon of culinary delights prepared by top local chefs - accompanied by incredible wines & craft brews of California. The Taste offers you the opportunity to market your beer one-on-one to the public, local restaurant owners and managers. We are continuing our beer competition and will be awarding ribbons for 1st, 2nd, & 3rd place.

We will provide:

Company Sign

10 X 10 foot booth space in the main tent

1 eight-foot table and 1 six-foot table with 2 chairs

3 complimentary tickets to the Taste for you & your staff. You may purchase up to 3 more tickets @ \$30/ticket.

Ice & tub for chilling

All plastic ware including cups

Listing in the event program

Loading & unloading assistance/free parking

We ask that you bring:

Decorations & linens for your table

Promotional material

Your own dolly

1 to 1 ½ kegs of beer – you may bring bottles/cans but see HB Police Department instructions enclosed

Competition beer for judging - you may enter one or two varieties

Please note: there is no electricity available at the Taste.

The Taste will be advertised in local papers, TV, press releases, posters, our website, HB Marketing & Visitors Bureau, restaurants & local businesses. If you have any questions, please contact Elaine Parker at (714) 846-6725/ macleod4@earthlink.net. The application for your brewery's participation is attached.

Sincerely,

Elaine Parker, Brewery Chairman
Taste of Huntington Beach



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This form is editable. After you fill it out, you can return it to macleod4@earthlink.net

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BREWERY APPLICATION

Name of Brewery/Distributor: _____

If a Distributor, beers you will be presenting:

Name of Contact: _____

Phone Number: _____

Email: _____

If located in Huntington Beach, Your Business License Number: _____

BREWERY INSTRUCTIONS FROM THE HB POLICE DEPARTMENT

- DO NOT GIVE BEER IN BOTTLES AND OR CANS TO THE PARTICIPANTS FOR SAMPLING AS GIVEAWAYS
 - DO NOT DRINK WHILE SERVING
- DO NOT SERVE ALCOHOL TO OTHER SERVERS WHILE THEY ARE WORKING
- POUR ONLY 2 OUNCES PER GLASS AND ONLY 2 GLASSES PER CUSTOMER

DEADLINE FOR ALL APPLICATIONS IS APRIL 12, 2011

Email: Elaine Parker at (macleod4@earthlink.net) or call at 714-846-6725

Please fax this application and the attached signed Alcohol application to:

Elaine Parker 714-846-6725 or you may mail them to:

Friends of the Children's Library/TOHB

7111 Talbert Ave

Huntington Beach, CA 92648

Event will run rain or shine!



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ALCOHOL SERVING REQUIREMENTS

These requirements are necessary to keep The Taste of Huntington Beach (TOHB) in good, legal standing with the ABC, the City of Huntington Beach and the event’s insurance carrier. Failure to abide by these requirements may result in exclusion from this and future TOHB events. Please help us maintain these requirements to ensure this event continues to grow and support our community.

POURING OF ALCOHOLIC BEVERAGES SHALL OCCUR ONLY DURING THE HOURS OF 12 – 4PM ON THE DAY OF EVENT.

ALCOHOLIC BEVERAGES WILL BE Poured IN DISTINCTIVE PROVIDED CUPS. NO OTHER CUP OR CONTAINER MAY BE USED.

SAMPLES ARE TO BE NO MORE THAN 2 OZ.

ONLY TWO SAMPLES MAY BE Poured TO A SINGLE PERSON AT ANY ONE TIME.

ALL PERSONS SERVING ALCOHOL MUST BE 21 YEARS OR OLDER.

ALL PERSONS SERVING ALCOHOL ARE REQUIRED TO CHECK WRISTBANDS TO INSURE PATRONS ARE OVER 21. IF CONCERNED, ASK FOR IDENTIFICATION. SERVERS ARE RESPONSIBLE TO VERIFY AGE, NOT SECURITY.

ALL PERSONS SERVING ALCOHOL MUST HAVE COMPLETED A RESPONSIBLE BEVERAGE SERVICE COURSE*.

I have read and understood the above listed requirements for my conduct at the 2011 TOHB. If I choose to ignore any of these requirements, I understand I may be asked to leave the event immediately. Additionally, I may not be invited to attend this event in the future.

Name: _____ Date: _____

Signature: _____
(to submit this online, please type “I agree” in the signature line before typing your name)

Company: _____

A copy of these requirements, signed by an onsite participant, will be collected at check-in and kept on file.

*If you need Training for Intervention Procedures (TIPS), please contact:
Community Services Programs, Inc.
Fabiola Soto; (949) 757-1096, Extension 224
fsoto@cspinc.org