

## **Security Request**

Discount Deadline: November 15, 2024

## Complete and return form to request Security

This form should be used to request security for your individual exhibit space, or if you have a special need or event during World Ag Expo® that requires security.

Exhibitors must abide by California Alcohol Beverage Control (ABC) rules if serving alcohol in their space as defined by Code Section 23399.1 of the Alcoholic Beverage Control Act:

- 1. World Ag Expo® Management must be notified prior to the show of intent to serve alcoholic beverages.
- 2. Alcohol must be served at NO charge, not sold.
- 3. An ABC licensed server must obtain a Liquor License and pour the alcohol in the space. Please call the office at (800) 999-9186 ext. 2018 for exceptions or questions.
- 4. Service and consumption must be within a defined area (with a fence or pavilion) and be secured with a minimum of two security guards in order to check attendee I.D.'s and ensure no alcohol leaves the defined area.
- 5. Must have a Tulare County Health Permit. Please click here to complete the Health Permit Application.

Exhibiting Company i	Name:		_Exhibit Space(s):
Contact Name:			
Approximate Number	of Attendees:		
Location where alcoh	ol will be served:		
Security Cost: \$40.00 P	er Hour / Per Officer, increasing to \$50.0	00 after discoun	t deadline date: November 15, 2024
Number of Officers Re	quested:		
Start   Date:	Time:	End   Date:	Time:
Special Instructions:			
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Payment Information	: :		
Payment Information Total hours:		0/\$50.00 = \$	
Payment Information Total hours:	ı: x <b>\$40.</b> 0	<b>0/\$50.00 = \$_</b> (s)	(total due)
Payment Information Total hours: (number of  □ Check #:	x <b>\$40.0</b> I hours multiplied by number of guard  Payable to International Agri-Center®	<b>0/\$50.00 = \$_</b> (s)  □ Visa	(total due)
Payment Information Total hours: (number of □ Check #: Name on Card:	x <b>\$40.0</b> hours multiplied by number of guard	<b>0/\$50.00 = \$_</b> (s)	(total due)
Payment Information Total hours:  (number of  Check #:  Name on Card:  Billing Address:	x <b>\$40.0</b> I hours multiplied by number of guard  Payable to International Agri-Center®	<b>0/\$50.00 = \$_</b> (s)	(total due)
Payment Information Total hours:  (number of  Check #:  Name on Card:  Billing Address:  City:	x <b>\$40.0</b> hours multiplied by number of guard  Payable to International Agri-Center®	<b>0/\$50.00 = \$_</b> (s)	(total due)  MC AMEXZip:

Questions? Contact: (800) 999-9186
Complete and return with payment to: International Agri-Center®
4500 S. Laspina St, Tulare, CA 93274 | Email: forms@farmshow.org