



Durham County Alcoholic Beverage Control Guidelines for Tastings at the Stores

Below are the guidelines that must be followed by any Distiller Representative when holding a tasting event at a Durham County ABC Store per NC General Statute 18-B. Representatives must acknowledge receipt and understanding by filling out, signing below, and supplying all supplemental documentation before approval is given for any tastings to occur at any store.

- 1) Any tasting event at any store location must first be approved by the General Manager. An application (page 2) requesting to schedule a proposed tasting must be submitted to the General Manager no less than **3 weeks** before the proposed event.
- 2) Tasting events should be scheduled between 1 pm and 6 pm and shall last no longer than three (3) hours in length. This does not include set up and clean up time. Per North Carolina General Statute 18B-1114.7, no event is to last after 7 pm.
- 3) The General Manager will acknowledge approval/denial of the request and even possibly specify an assigned area within the store for the tasting to occur and the hours of the event.
- 4) No Durham County ABC Employee will be involved in pouring the product, distributing the product/merchandise, or event setup or cleanup. The tasting event area will be cleaned up and left in the same or better condition as before the event.
- 5) No loud music or sound amplification will be involved with the tasting event.
- 6) Flyers/posters informing the public about the event must be supplied by the applicant after first having a draft approved by the General Manager. Such flyers/posters are not to be handwritten. Durham County ABC Staff will affix the poster at our preferred location within the Store window or around the registers.
- 7) Per North Carolina General Statute 18B-1114.7, the Distiller Representative shall purchase the liquor at an ABC Store. Proof of purchase may be required. Opened bottles cannot be brought into stores to be used for tasting events.
- 8) Per North Carolina General Statute 18B-1114.7, the Distiller Representative pouring and distributing liquor must be at least 21 years of age.
- 9) Per North Carolina General Statute 18B-1114.7, the Distiller Representative is responsible for verifying that customer is at least 21 years of age and does not appear intoxicated.
- 10) Per North Carolina General Statute 18B-1114.7, the Distiller Representative shall not give over 0.25 oz. per pour with the tasting of a product. The consumer shall not be given more than a total of 0.5 oz. throughout the event. No more than four (4) products will be offered at the event.
- 11) The Distiller Representative is not permitted to sell advertising material (glasses, shirts, cups, hats) but they are permitted to give such materials away.
- 12) The Distiller Representative will be solely responsible for any violations of North Carolina General Statute 18B-1114.7 and will not hold Durham County ABC liable.
- 13) The Distiller Representative shall supply proof of a \$1 million liability insurance policy noting Durham County ABC as an additionally insured party. By signing below, the Distiller Representative holds Durham County harmless of all responsibility associated with the event.
- 14) The Durham County ABC General Manager reserves the right to prohibit Distiller Representatives from holding any tastings for a period of time if any of these guidelines or any State Laws are violated
- 15) Board employees may not participate in any tasting while on duty or while wearing Durham County ABC uniforms.
- 16) Representatives must dress professionally at all times during a testing. No shorts or jeans will be allowed.

By signing below, I have acknowledged that I have read both the State Statutes and Durham County ABC rules listed above and agreed to abide by all. I understand that I must fill out the associated application and provide supplemental documents. I understand that nothing is approved and no requested tasting event will be held until notification of approval is given.

Printed Name

Company Represented

Signature

Date Applied



Tastings Event Application

NOTE: EACH EVENT WILL NEED TO HAVE A SEPARATE APPLICATION

Date of event: _____ Times for event: _____ pm through _____ pm (Tasting events should be scheduled between 1 pm and 6 pm. No event should last longer than 3 hours.)

Applicant Name and Company: _____

Phone: _____ **Email Address:** _____

Store Location: (not all Durham County ABC locations are listed due to the limits of floor space to accommodate an event)

- | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Store 4 | <input type="checkbox"/> Store 5 | <input type="checkbox"/> Store 8 |
| <input type="checkbox"/> Store 10 | <input type="checkbox"/> Store 11 | <input type="checkbox"/> Store 12 |

Names of staff member(s) that could potentially work the event: _____

Name of products that will be tasted at the approved event (no more than 4 are permitted):

NC Code Number	Product Name

Checklist of supplemental material required for consideration/approval:

- Copy of NC ABC Commission’s Spirituous Liquor Special Event Permit (must be in same name as applicant)
- Copy of Liability Insurance Rider in the amount of \$1 million (see attached Page 3 for example)
- Copy of signed guidelines acknowledging receipt and understanding (see attached Page 1)

The applicant receiving approval must now contact the State of North ABC Commission and notify them of Durham County ABC’s approval by going to the following website (<https://abc.nc.gov/Pricing/NoticeofTastingEvent>)

Approved by: _____
 Deborah Warren
 Durham County ABC Assistant General Manager

_____ Date Approved

Additional conditions of approval: _____

Example of Certificate of Insurance Document



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/07/2020

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 have ADDITIONAL INSURED provisions or 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 [REDACTED]	CONTACT NAME: [REDACTED]	PHONE (A/C, No, Ext): [REDACTED]	FAX (A/C, No): [REDACTED]
	E-MAIL ADDRESS: [REDACTED]		
INSURED [REDACTED]	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:	[REDACTED]	[REDACTED]
	INSURER B:	[REDACTED]	[REDACTED]
	INSURER C:	[REDACTED]	[REDACTED]
	INSURER D:		
	INSURER E:		
INSURER F:			

Name on application must match this box.

COVERAGES **CERTIFICATE NUMBER:** **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 THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Assure all limits and amounts are as seen below.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR HSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXPI (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	[REDACTED]	[REDACTED]	[REDACTED]	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY HIRED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	[REDACTED]	[REDACTED]	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Liquor Liability		[REDACTED]	[REDACTED]	[REDACTED]	Each Claim 1,000,000 Aggregate 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Operations usual to liquor tasting on site. Certificate holders are automatically additional insureds on the general liability as long as their is a written contract or agreement requiring this coverage.

CERTIFICATE HOLDER This box should state: Durham County ABC Board 3620 Shannon Rd, Suite 200 Durham, NC 27707	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 [REDACTED]
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