



## Request For Proposal: Non-Alcoholic Beverage Options

Market After Dark planning committee will accept applications from interested breweries/distributors to make beverage selections for our non-alcoholic beverage options in 2024. Interested parties should review the requirements listed below and then complete the application. The information provided below will allow the selection committee the opportunity to cultivate a comprehensive beverage offering for the public.

The selection committee places an emphasis on beverages produced regionally. The committee also considers the popularity of beverages in their selection process.

Only one beverage per brewery will be featured.

The focus of this event is not on the beverages sold in beverage tents. The selection committee will limit selections to a number that is feasible to manage with volunteers, staff, and logistics.

Filling out this application **does not guarantee** that your beverage(s) will be chosen for sale at Market After Dark beverage tents.

If you have any questions email our events inbox – [events@cedarrapids.org](mailto:events@cedarrapids.org)

### Requirements Upon Selection

In order to have a beverage sold at the Market After Dark non-alcoholic beverage tent, chosen brewer/distributor must agree to:

- Provide a minimum of 3,000 servings (Keg/bottles/cans) of products with no alcoholic content, No Glass
- Deliver product to Market After Dark beverage trailer between 4 p.m. & 5 p.m. on Saturday, August 24
- Pick up all kegs/unused servings following the conclusion of the event, (between midnight and 1:00 a.m. August 25) from Market After Dark beverage trailers.
- Provide one point of contact for event date to resolve issues related to product.
- Provide top-notch customer service leading up to and throughout the event, while abiding by all applicable state and federal laws
- Provide design collateral such as logos and branding guidelines for chosen beverage.
- Be or become a member of the Cedar Rapids Metro Economic Alliance upon notification that your product has been selected to be served.

## Application

To be completed by the brewer/distributor fulfilling the requirements listed on page 1.

### Contact Info Leading Up to Event

Distributor Name:	
Contact Name:	
Contact Phone:	
Contact Email:	

### Contact Info Night of Event

Contact Name:	
Contact Phone:	

## Service Offerings

Please list the tools/resources the distributor/brewer can provide in addition to the requirements stated on page 1.

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# Beverage Selection

Please provide a comprehensive list of beverages for the committee to consider. If additional room is required, please use additional pages.

## Beverage #1

Brewery/Distributor:	
Location of brewery:	
Title of Beverage:	
Serving Method:	_____ Keg      _____ Can      _____ Bottle (no glass permitted)
Description:	

## Beverage #2

Brewery/Distributor:	
Location of brewery:	
Title of Beverage:	
Serving Method:	_____ Keg      _____ Can      _____ Bottle (no glass permitted)
Description:	

## Beverage #3

Brewery/Distributor:	
Location of brewery:	
Title of Beverage:	
Serving Method:	_____ Keg      _____ Can      _____ Bottle (no glass permitted)
Description:	