

PERMIT APPLICATION		
Name of Applicant: Melissa Walden		Organization (if applicable): American Lung Association / Cycle the Seacoast
Mailing Address 122 State St. Augusta, ME 04330		
Contact Person: Melissa Walden	Contact Person who will be present at Event ¹ : Melissa Walden	
Contact Person Phone Number: 207-624-0306	Contact Person will be present at Event Phone Number: 207-680-8118 (cell)	
Contact Person Cell Number:	Contact Person will be present at Event Cell Number:	
Description of Event (Please Attach Additional Sheets of Paper if description cannot fit in the space provided): Fundraising Cycling event for the American Lung Association. This is a non-competitive event that goes through N. Hampton. A rest stop is located at the Town Green (see map).		
Location of Event: Portsmouth (start/finish) / Rest stop = N. Hampton Town Green 295 Atlantic Ave. N. Hampton		
Date(s) of Event: 5/3/20 (Sun)	Hours: 8 From: 7am End: 3pm	
Estimated Attendance: 400	Minimum No.: 100	Maximum No.: 400
Types of Alcohol to be served: N/A		

¹ Applicant must be reachable during the entire event at a moment's notice.

The following facilities will be available for the event:

Sanitation: Portable Toilets	No. of Units: 2	Male:	Female:
Water supply from: Provided by ALA volunteers			
Food will be served from and/or by: N			
Beverages will be served from and/or by: li			
Illumination after dark will be provided by N/A			
Medical and First Aid Provided by: Provided by ALA volunteers			
Traffic Control Provided by: N. Hampton Police		No. of officers: 2 1	
Parking for _____ is planned. <input type="checkbox"/> Attach plan of exact parking location and exact route to be kept open for emergency vehicles <input checked="" type="checkbox"/> Not applicable. Explain: Cyclists will not park. If you need more info regarding volunteer parking at the rest stop, contact Melissa.			

Name of Promoter or Applicant: <i>American Lung Association</i>	
Mailing Address: <i>122 State St. Augusta, ME 04330</i>	Phone: <i>207-624-0306</i>
Email: <i>Melissa.Walden@Lung.org</i>	Cellular Phone: <i>207-680-8118</i>
<p><i>I Melissa Walden</i> do hereby accept all responsibility for the above-described event. I agree to adhere to all laws and regulations of the Town of North Hampton and the State of New Hampshire. I do hereby consent to the entry, at any time, in the course of his/her duties, any official of the Town in the performance of their official duties, including but not limited to inspection. I also agree to provide surety that the Town deems necessary. Under the penalty of perjury, I do hereby certify that the above is true.</p>	
<p>Signature: <i>Melissa Walden</i> Date: <i>9/18/19</i></p>	
Name of Property Owner (The following MUST BE completed by the owner of the property involved) :	
Mailing Address:	Phone Number:
Email:	Cell Phone Number:
<p>I _____, have thoroughly discussed the above event with the Promoter and am in agreement with him/her in all areas. I do hereby give my consent to use my property for this even. I do hereby consent to the entry, at any time, in the course of his/her duties, any town officer in the performance of his/her duties, including but not limited to inspection. I agree to adhere to all laws and regulations of the Town of North Hampton and the State of New Hampshire. Under the penalty of perjury I do hereby certify that the above application is true.</p>	
<p>Signature: _____ Date: _____</p>	

DO NOT WRITE BELOW THIS SPACE. FOR TOWN USE ONLY	
Departmental Approvals: Please attach any comments or special requirements to this application <i>[Signature]</i> 10/8/19	
Fire Chief Signature of Approval: <i>[Signature]</i>	Date: 10/11/19
Building Inspector/Code Enforcement Officer Signature of Approval: <i>[Signature]</i>	Date: 10/10/19
Director of Public Works Signature of Approval: <i>[Signature]</i>	Date: 10/10/19
Police Chief Signature of Approval: <i>[Signature]</i>	Date: 10/7/19
PLANNING AND ZONING <i>Richard Milner</i> 10/11/19	
Department comments or additional conditions: PLANNING - USE OF TOWN BANDSTAND AREA REQUIRES APPROVAL OF THE SELECT BOARD PRIOR TO THE EVENT. <i>Ren</i> See Attached Memo	
Applicant: I do hereby agree to the additional requirements:	
Applicant's Signature: <i>Melissa Wild</i>	Date: 12/10/19
PERMIT	
<input type="checkbox"/> Denied Reason:	
<input checked="" type="checkbox"/> Approved	
<i>Kathy More</i>	1/16/2020
Select Board Signatures: (If Required under Ordinance amended 3/11/2014)	Date:

December 7, 2019

American Long cycle

RE: Large Gathering Permit Application – ~~National MS Society Charity Ride~~

American Long The Police Department has conducted an initial review of the application for the ~~National MS Society Charity Ride~~. The following conditions should be part of any final approval:

The Applicant must make application to the Select Board for approval of the Town Green for a rest stop

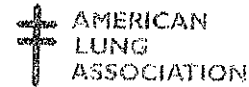
There is a minimum of one detail officers with cruiser, to be assigned during the event. The officers must be from North Hampton Police Department or officers from Mutual Aid communities approved by the North Hampton Police Department. If in the judgement of the senior officer working the detail additional officers are required, they will be assigned. The detail officers, with cruisers, will be assigned for the orderly flow of vehicles, and safe passage of cyclists through critical intersections.

The Certificate of Insurance is attached.

Applicant must contact the North Hampton Police Department at least two weeks prior to the event to arrange for the detail officer.

*Kathy More
chief of police*

September 23, 2019



Janet Facella
Town of N Hampton
233 Atlantic Avenue
N Hampton, NH 03862



Dear Janet,

Thank you for supporting the 10th annual Cycle the Seacoast ride this past May. A diverse group of dedicated volunteers donated space, time and endless energy that provided us with a very successful event. We are looking forward to the 11th annual Cycle the Seacoast which will be held on May 3rd, 2020. We hope you will work with us again to make our event another tremendous success by allowing us the use of your space for a cyclist rest stop.

In order to best serve the needs of our cyclists, we will be placing tables, chairs and portable toilets at your property. As the event approaches, I will contact you in regards to the portable toilet delivery schedule. We intend on having them delivered by Saturday, May 2nd. All portable toilets will be picked up on Monday, May 4th around 7:00 a.m. Finally, we would like to set up a 10 x 10 pop up tent for shelter. As always, our volunteers will pick up all trash and leave the area in good condition.

I appreciate your partnership for a smooth, safe and successful fundraising event. The American Lung Association is able to provide valuable research, legislation and education for all New Hampshire people with the funds raised during this weekend. Thank you for contributing to this important event!

If you could simply sign and date the form at the bottom of this page and mail it back to me, it would be greatly appreciated. I have also enclosed a copy of our insurance liability for your property during the weekend of the Cycle the Seacoast and have sent Jessica Miele the Large Gathering Permit application.

I am happy to answer questions or discuss anything else that might come up. Please do not hesitate to email me: Melissa.Walden@Lung.org or call 207-624-0306.

Thanks again!

Melissa Walden
Development Manager
American Lung Association

Bryon Kenneth Give permission to the American Lung Association to use North Hampton Town Green for rest stop purposes as outlined above during the Cycle the Seacoast Ride, May 3rd, 2020.

Bryon Kenneth
Signature

12/12/19
Date

Cell Phone Number

603-964-8087
Home/Business Phone

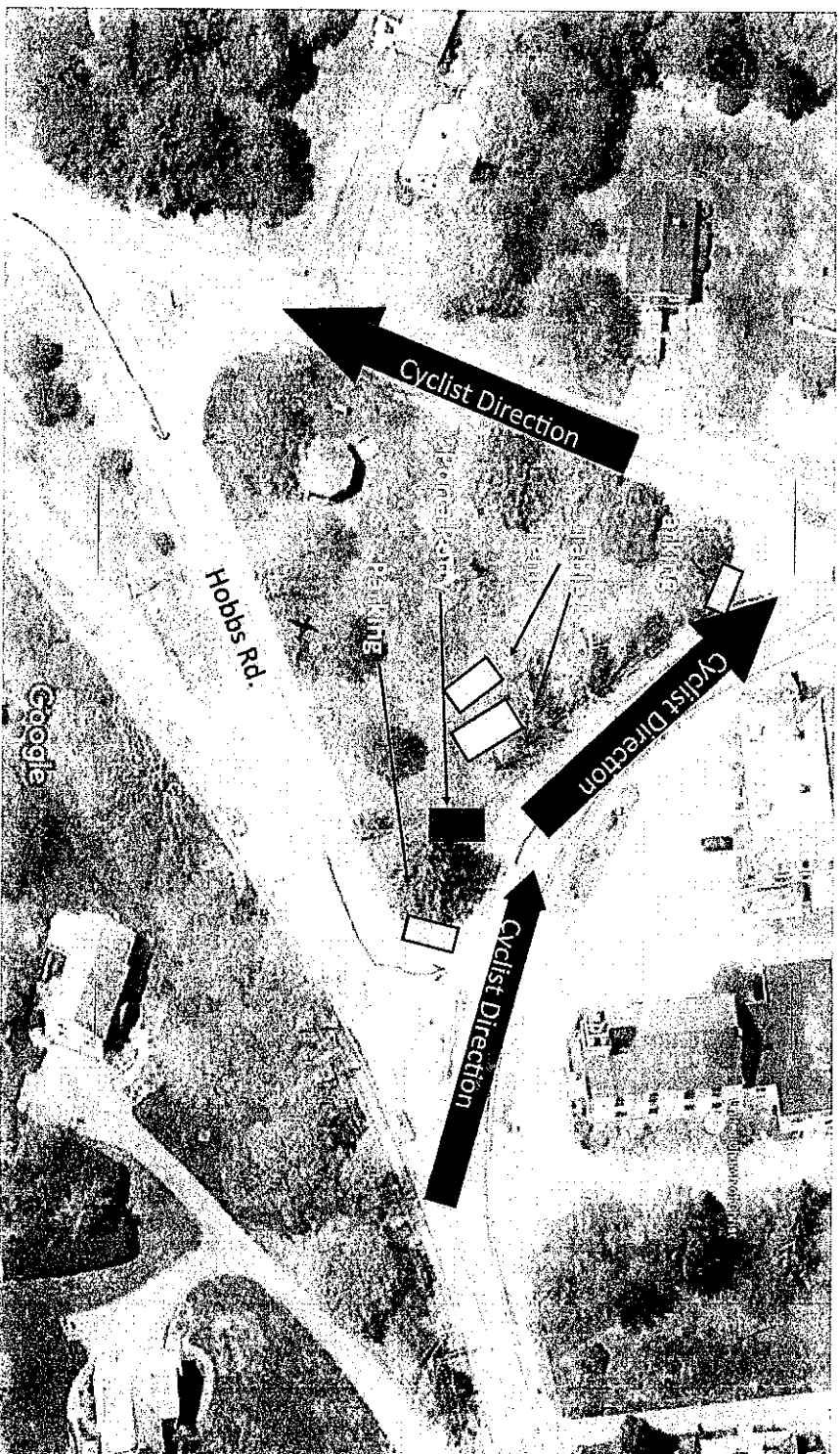
bkeneth@northhampton-nh.gov
Email Address

**N. Hampton Gazebo
Park
Corner of Atlantic
and Hobbs
295 Atlantic Ave.
N. Hampton, NH**

Cycle the Seacoast May 3, 2020

**Rest Stop Lead: Elizabeth
Pockl
Rest Stop Lead #: 603-438-4057**

Trek Control #: 207-649-9803



100 Mile Route

2.0	Left onto 1A North / Ocean Blvd	79.8	12.8	Seabrook
4.1	(50 mi. route joins from left - 101E)	83.9	8.7	Hampton
2.7	Left on Atlantic Ave/Rt 111	86.6	6.0	North Hampton
2.0	Right onto Mill Rd at yellow flasher	88.6	4.0	North Hampton
1.4	Straight Across South Rd @ STOP - becomes West Rd	90.0	2.6	Rye

100 Mile Route

1.8	Pass Odiome State Park	11.0	0.6	Rye
0.6	Rest Stop - Pebble Cove Motel	11.6	11.1	Rye
3.1	CAUTION - HAIRPIN TURN!	14.7	8.0	Rye
4.0	Right onto Rt 111/Atlantic Ave	18.7	4.0	North Hampton
1.9	Mill Rd	20.6	2.1	100 mi. sweep remove *only* 100 1st time straight sign
1.4	Cross Rt 1	22.0	0.7	North Hampton
0.6	Police located at crooked intersection of Hobbs and Atlantic	22.6	0.1	North Hampton
0.1		22.7	0.0	North Hampton
0.0	REST STOP - N Hampton Town Green	22.7	19.0	North Hampton
0.0	Exit left from rest stop, on Rt 111 W	22.7	19.0	North Hampton
0.2	Bear Right onto NH 111/Exeter Rd	22.9	18.8	North Hampton
2.3	Important Sign - prior to Rt 101 onram	25.2	16.5	Exeter



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/11/2019

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 The Novick Group One Church Street Suite 400 Rockville MD 20850		CONTACT NAME: Ruth Spaid PHONE (A/C, No, Ext): (301) 795-6600 E-MAIL ADDRESS: rspaid@novickgroup.com FAX (A/C, No): (301) 795-6610	
INSURED American Lung Association 55 W. Wacker Drive Suite 1150 Chicago IL 60601		INSURER(S) AFFORDING COVERAGE INSURER A: CNA INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 29443	

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Blanket WOS, AI, PNC GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	Y		6078757486	07/01/2019	07/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$ OCCUR CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$
	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 <input type="checkbox"/>	N/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Town of North Hampton is an Additional Insured with respect to claims arising out of the operations of the Named Insured at Cycle the Seacoast on 05/02/20 (setup) and 05/03/20.

CERTIFICATE HOLDER**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



TOWN OF NORTH HAMPTON

Temporary Structure Application
Zoning Ordinance Article V, Section 505

Name: Melissa Walden
Address: 122 State St. Augusta, ME 04330
Email/Phone Number: 207-624-0306
Location of Proposed Temporary Structure: N. Hampton Town Green
Period of Time for Temporary Structure: 7:00 a.m. - 12:00 p.m.
Proposed Use of Temporary Structure: Shelter for Cyle the Seacoast Rest Stop

Applicant Signature Melissa Walden Date 9/18/19
Property Owner Signature _____ Date _____

Please attach the following information with this application:

- Temporary structure details including:
 - a. type of temporary structure - 10x10 pop up (2) - the type you buy at Dick's Sporting Goods
 - b. size of temporary structure with length, width, and height measurements
 - c. manner of attachment to fixed location - Sand Bags
 - d. if applicable, construction plans - See Layout
- Site sketch showing lot dimensions and proximity of temporary structure to boundary lines using precise measurements
- Letter of authorization from property owner if property owner signature not on application (including permission to use bathroom facilities, if applicable)
- If applicable, copy of approved State of NH inspections and licenses and/or Town of North Hampton Hawkers & Peddler's license
- Copy of insurance policy

Application Fee: \$50.00

Date Received _____ Check # or Cash _____ Initials _____

All temporary structures must receive Fire Department and Building Department approvals prior to occupancy or commencement of activities.

Fire Department Signature _____ Date _____

Building Inspector Signature _____ Date _____