



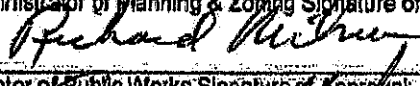

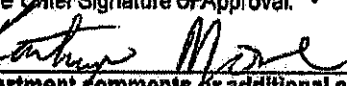
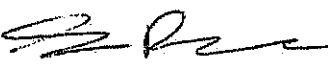

PERMIT APPLICATION		
Name of Applicant: Samantha Boland		Organization (if applicable): National MS Society
Mailing Address 101A First Ave, Suite 6, Waltham, MA 02452		
Contact Person: Samantha Boland	Contact Person who will be present at Event ¹ : Samantha Boland	
Contact Person Phone Number: (781) 693-5125	Contact Person will be present at Event Phone Number: (781) 693-5125	
Contact Person Cell Number: (978) 987-7509	Contact Person will be present at Event Cell Number: (978) 987-7509	
Description of Event (Please Attach Additional Sheets of Paper if description cannot fit in the space provided: Annual charity bicycle ride that goes through the town of North Hampton. There will also be a safety stop at North Hampton School and we are working with them for approval on that. The funds raised will be used for MS research, programs and advocacy.		
Location of Event: The start/finish is in Stratham, NH at Stratham Hill park. The 60 mile route goes through North Hampton (about 175 participants)-see attached riding directions.		
Date(s) of Event: Saturday, August 24, 2019	Hours: 8 From: 8 a.m. End: 4 p.m.	
Estimated Attendance: 175	Minimum No.: 150	Maximum No.: 210
Types of Alcohol to be served: None		

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

The following facilities will be available for the event:

Sanitation: Yes	No. of Units: (1) Standard portable restroom at safety stop	Male: Unisex	Female: Unisex
Water supply from: N/A - standard portable restroom			
Food will be served from and/or by: N/A			
Beverages will be served from and/or by: Water will be provided for cyclists to fill their water bottles (which they bring them) at the safety stop.			
Illumination after dark will be provided by N/A			
Medical and First Aid Provided by: Event volunteers → EMTs and Nurses on route and at safety stops			
Traffic Control Provided by: Local police as needed		No. of officers: Determined by North Hampton PD (last year we had 2)	
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: ride is going through, not stopping			

Name of Promoter or Applicant: Samantha Boland	
Mailing Address: 101A First Ave, Suite 6, Waltham, MA 02451	Phone: (781) 693-5125
Email: samantha.boland@nmss.org	Cellular Phone: (978) 987-7509
<p>I <u>Emily Christon</u> do here by 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 here by certify that the above is true.</p> <p>Signature: <u>Emily Christon</u> Date: 2/26/19</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	
Fire Chief Signature of Approval: 	Date: 4/3/19
Building Inspector/Code Enforcement/Health Officer Signature of Approval: 	Date: 3/22/19
Administrator of Planning & Zoning Signature of Approval: 	Date: 3/22/19
Director of Public Works Signature of Approval: 	Date: 4/3/19
Police Chief Signature of Approval: 	Date: 4/29/19
Department comments or additional conditions: * See Attached from Police Department	
Applicant: I do hereby agree to the additional requirements:	
Applicant's Signature: 	Date: 5/16/19
PERMIT	
<input type="checkbox"/> Denied Reason:	
Chief of Police	Date:
<input checked="" type="checkbox"/> Approved	
Chief of Police 	Date: 5/20/19
Select Board Signatures: (If Required under Ordinance amended 3/11/2014)	Date:

April 29, 2019

RE: Large Gathering Permit Application – National MS Society Charity Ride
August 24, 2019

The National MS Society Charity Bike Ride is designed to raise awareness and funds for MS Research and Programs. This is a non-competitive bike ride travelling approximately four miles through North Hampton.

The following conditions are applicable to this event:

No detail officers are required due to the established route. Since it is a non-competitive event, participants are required to adhere to all traffic laws and traffic control devices or signals.

Under no circumstances will any volunteer be permitted to conduct traffic control at any point along the route.

The Certificate of Insurance is attached.

Applicant must contact the North Hampton Police Department at least two weeks prior to the event if there are changes to the route or time period of the event.

Kathryn More
Chief of Police

2019 Bike MS NH Seacoast Escape - 60 mile route (8/24/2019)

Miles	Direction	Description	Go	Town:
0.00	L	out of Stratham Hill Park onto Route 33	0.60	
0.60	R	onto Squamscott Road	1.10	
1.70	R	onto Route 108	1.00	Newfields
2.70	R	onto New Road @ Ship to Shore Restaurant	0.10	Newmarket
2.80		Caution: Narrow wooden bridge	2.30	
5.10	R	stop sign onto Route 108 (use caution entering town center)	0.60	
5.70	Sharp R	onto Bay Road	0.40	
6.10	BL	to stay on Bay Road	7.00	Durham
13.10	BR	onto Route 108	0.30	
13.40		REST STOP - Durham Town Offices - Route 108 (on left)		
13.40	BL	out of rest stop ROUTE SPLITS	0.10	
13.50	R	at traffic light to continue on Route 108	0.60	
14.10		pass under Route 4	2.30	Madbury
16.40	S	through light	1.00	Dover
17.40	S	through light on Route 108 Caution: busy area	0.10	
17.50	S	through 2 lights, passing under Spaulding Turnpike	0.30	
17.80	BL	to stay on Route 108	0.40	
18.20	S	through light, continue on Route 108	0.30	
18.50	BR	at traffic light, following signs for Routes 4, 9 and 108	0.10	
18.60	BL	staying on path for Routes 4, 9 and 108	0.10	
18.70	R	onto Portland Avenue	0.10	
18.80	BR	onto unmarked Cocheco Street (towards water)	0.30	
19.10	S	through stop sign	0.40	
19.50	BR	at yield sign onto Gulf Road	1.80	
21.30	X	bridge over water	1.20	Eliot, ME
22.50	R	at light onto Route 238 South	0.40	
22.90	R	onto Route 103 East	1.50	
24.40	R	onto River Road	2.90	
27.30	BR	at onto Old Road	0.70	
28.00	R	after stop sign onto Route 103 East	0.30	
28.30		REST STOP - Eliot Elementary School - 1298 State Road (on left)		
28.30	L	out of rest stop, staying on Route 103	0.10	
28.35	R	staying on Route 103 East	0.90	
30.25	S	through yellow blinking light	1.70	Kittery, ME
31.95		Pass under I-95	0.30	
32.25	R	staying on Route 103 East	0.40	
32.65	L	onto Bridge Street	0.10	
32.75	BR	up hill on Government Street	0.20	
32.95	R	onto Route 1 South/Newmarket Street	0.10	
33.05		Cross bridge back to New Hampshire (stay on sidewalk)	0.50	Portsmouth
33.55	SR	onto Harbour Place which becomes State Street	0.10	
33.65		*Follow signs for Strawberry Banke*		
33.45	L	onto Marcy Street	0.30	
33.75	L	onto Route 1B South	1.50	
35.25		Caution: crossing bridge		
35.25		Caution: crossing bridge		Newcastle
35.25	BL	to stay on Route 1B South/Cranfield Street	1.60	Rye
36.85		Walk bike over bridge on wooden walkway	1.10	Portsmouth
37.95	L	at stop sign onto Route 1A South	0.50	
38.45	L	at rotary to stay on Route 1A South	1.80	
40.25		REST STOP - Odiorne State Park -- Route 1A (on left)		
40.25	L	out of rest stop, pass Rye Harbor St. Park	7.50	North Hampton
47.75	R	onto Route 111/Atlantic Ave.	3.20	
51.85	S	thru traffic light, continue onto Route 111	0.50	
52.35	L	at stop sign	0.10	
52.45	R	at stop sign onto Route 151N	0.10	
52.55	L	onto Walnut Ave.	1.70	
54.25	R	onto Lovering Road	1.40	
55.65	L	onto Post Road	0.10	
55.75	L	onto Winnicut Road	1.70	
57.45	X	Union Road	2.20	Stratham
59.65	R	Onto Route 33/Portsmouth Ave.	1.00	
60.65	S	through stop light	0.30	
60.95	R	into Stratham Hill Park	0.00	
	FINISH	Finish Line - Congratulations! You made it!		

Route closes at 3:00PM



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/21/2018

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
MARSH USA, INC.
445 SOUTH STREET
MORRISTOWN, NJ 07960-6454
Attn: Morristown.CertRequest@marsh.com Fax: 212-948-0879

WALTH

INSURED
NATIONAL MULTIPLE SCLEROSIS SOCIETY
GREATER NEW ENGLAND CHAPTER
101A FIRST AVENUE
SUITE 6
WALTHAM, MA 02451

CONTACT NAME:	
PHONE:	FAX:
(A/C No. Ext):	(A/C No.):
E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE	
INSURER A: Federal Insurance Company	NAIC #
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

NYC-009899936-17

REVISION NUMBER: 4

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 SUBR INSD W/O	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:		3583-33-49	12/31/2018	12/31/2019	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$</td><td>1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$</td><td>1,000,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$</td><td>10,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$</td><td>1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$</td><td>2,000,000</td></tr><tr><td>PRODUCTS - COM/OP AGG</td><td>\$</td><td>1,000,000</td></tr></table>	EACH OCCURRENCE	\$	1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	MED EXP (Any one person)	\$	10,000	PERSONAL & ADV INJURY	\$	1,000,000	GENERAL AGGREGATE	\$	2,000,000	PRODUCTS - COM/OP AGG	\$	1,000,000
EACH OCCURRENCE	\$	1,000,000																						
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GENERAL AGGREGATE	\$	2,000,000																						
PRODUCTS - COM/OP AGG	\$	1,000,000																						
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		7353-02-37	12/31/2018	12/31/2019	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td><td>1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td><td></td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td><td></td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td><td></td></tr><tr><td>Comp/Colt Deductible</td><td>\$</td><td>1,000</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	BODILY INJURY (Per person)	\$		BODILY INJURY (Per accident)	\$		PROPERTY DAMAGE (Per accident)	\$		Comp/Colt Deductible	\$	1,000			
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Comp/Colt Deductible	\$	1,000																						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		8364-93-75	12/31/2018	12/31/2019	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$</td><td>5,000,000</td></tr><tr><td>AGGREGATE</td><td>\$</td><td>5,000,000</td></tr></table>	EACH OCCURRENCE	\$	5,000,000	AGGREGATE	\$	5,000,000												
EACH OCCURRENCE	\$	5,000,000																						
AGGREGATE	\$	5,000,000																						
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	71763457	12/31/2018	12/31/2019	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER</td><td></td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td><td>1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td><td>1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td><td>1,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER			E.L. EACH ACCIDENT	\$	1,000,000	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000						
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E.L. DISEASE - EA EMPLOYEE	\$	1,000,000																						
E.L. DISEASE - POLICY LIMIT	\$	1,000,000																						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
TOWN OF NORTH HAMPTON IS ADDED AS AN ADDITIONAL INSURED EXCLUDING WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY POLICY AS REQUIRED BY WRITTEN CONTRACT BUT LIMITED TO THE OPERATIONS OF THE INSURED UNDER SAID CONTRACT AND ALWAYS SUBJECT TO THE POLICY TERMS, CONDITIONS AND EXCLUSIONS.

CERTIFICATE HOLDER

TOWN OF NORTH HAMPTON
233 ATLANTIC AVENUE
NORTH HAMPTON, NH 03862

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
of Marsh USA Inc.

Manashi Mukherjee

Manashi Mukherjee