

PERMIT APPLICATION

Name of Applicant: V-MAT / Veterans Martial Arts Training		Organization (if applicable): Veterans Martial Arts Charitable Trust	
Mailing Address 135 McDonough Street / Portsmouth NH 03801			
Contact Person: Scott Lombardo		Contact Person who will be present at Event ¹ : Scott Lombardo	
Contact Person Phone Number: 603 334 9860		Contact Person will be present at Event Phone Number: 603 334 9860	
Contact Person Cell Number: 603 686 1240		Contact Person will be present at Event Cell Number: 603 686 1240	
Description of Event (Please Attach Additional Sheets of Paper if description cannot fit in the space provided: Annual Fundraising Cornhole Tournament for Veterans Martial Arts Training, a USA trademarked, 501C3 Organization based in Portsmouth NH. A 100% Free Program for focusing on physical, mental and spiritual health related to daily life balance - for Veterans, Reserves, Active Duty, local Military bases, VA's, Amputee and TBI Foundations in New England.			
Location of Event: Throwback Brewery			
Date(s) of Event: September 8, 2019		Hours: 5 Hours	
		From: 1:00pm	End: 6:00pm
Estimated Attendance: 150		Minimum No.: 100	Maximum No.: 200
Types of Alcohol to be served: Beer and other items Throwback Brewery offers			

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

The following facilities will be available for the event:

Sanitation:	No. of Units:	Male:	Female:
Water supply from:			
Throwback Brewery			
Food will be served from and/or by:			
Throwback Brewery			
Beverages will be served from and/or by:			
Throwback Brewery			
Illumination after dark will be provided by			
Event is in Daytime			
Medical and First Aid Provided by:			
Traffic Control Provided by:		No. of officers:	
V-MAT		One	
Parking for _____ is planned. <input type="checkbox"/> Attach plan of exact parking location and exact route to be kept open for emergency vehicles <input type="checkbox"/> Not applicable. Explain:			

Name of Promoter or Applicant:	
Scott Lombardo	
Mailing Address:	Phone:
295 Cabot Street, Portsmouth NH 03801	603 334-9860
Email:	Cellular Phone:
slombardo@v-mat.org	603 686 1240
<p><i>I, <u>Scott Lombardo</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.</i></p>	
Signature:	Date: 06 / 18 / 2019
<p>Name of Property Owner (The following MUST BE completed by the owner of the property involved) :</p>	
Mailing Address:	Phone Number:
Email:	Cell Phone Number:
Nicole@throwbackbrewery.com	603 682 5923
<p><i>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.</i></p>	
Signature:	Date: 06 / 18 / 2019

→ Nicole

Nicole L. Lamon

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:

[Signature]

Date:

7/9/19

Building Inspector/Code Enforcement Officer Signature of Approval:

[Signature]

Date:

7/11/19

Director of Public Works Signature of Approval:

[Signature]

Date:

7/9/19

Police Chief Signature of Approval:

Kathy More

Date:

7/17/19

Department comments or additional conditions:

Planner PLANNING 7/1/19

Applicant: I do hereby agree to the additional requirements:

Applicant's Signature:

_____ No Additional Requirements

Date:

PERMIT

☐ **Denied** Reason:

☒ **Approved**

Kathy More

Select Board Signatures: (If Required under Ordinance amended 3/11/2014)

Date: