

THE Runnymede VETERANS COUNT Formal

FRIDAY, JUNE 24TH 2022

Proudly presented by Diamond Sponsor
Service Credit Union



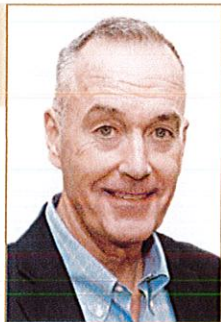
The Seacoast Chapter of Veterans Count 2022 Salute Our Soldiers Gala

Friday, June 24, 2022 | 5:00 PM | 68 Atlantic Ave | North Hampton, NH

A FORMAL DINNER DANCE

Join us at historic Runnymede Farm, former governor's estate and the birthplace of championship thoroughbreds, for an exclusive black-tie event to benefit Veterans Count. Enjoy live entertainment and good company in a setting that calls to mind elegant garden parties of the past.

Tickets are limited. Reserve yours today.



KEYNOTE SPEAKER

General Joseph Dunford, USMC (Ret.) KBE AO MSC OMRI

General Joseph Dunford, served as the 19th Chairman of the Joint Chiefs of Staff. In that capacity, he was the senior ranking U.S. officer and the principal military advisor to the President, Secretary of Defense, and the National Security Council. Prior assignments included service as the Commandant of the Marine Corps and the Commander of U.S. Forces and NATO Forces in Afghanistan.

TICKETS & SPONSORSHIP INFO

Contact Kathy Flynn at kaflynn@eastersealsnh.org or 603.361.3939

March 10, 2022

TO: Michael Tully, Town Administrator
Town of North Hampton

FROM: Richard Mason, 3 Suzanne Drive, Portsmouth, NH 03801 (cell: 603-396-8604)
For Easter Seals of NH – Veterans Count

REF: Large Gathering Permit application

Good day:

Attached are the forms required for the Large Gathering requested for June 22, 2019 at the Runnymede Farm located at 68 Atlantic Avenue in North Hampton.

We have conducted 3 such events over the last 5 years: 2017 at the Kane property on Rte 1-A and 2018/2019 at the Runnymede Farm (this year will mirror that of the one in 2018 & 2019).

Attachments:

- Gathering permit form
- Temporary Structure Application and payment
- Not to scale site map
- Portable Restroom specifications
- Certificate of Insurance from Easter Seals with North Hampton as the holder.

Thanks, my contact information is above and for the purposes of these documents I am the point of contact.

Richard Mason



rmason55@comcast.net

PERMIT APPLICATION		
Name of Applicant: Veterans Count	Organization (if applicable): Easter Seals of NH	
Mailing Address 555 Auburn Street, Manchester, NH 03103		
Contact Person: Joseph Emmons	Contact Person who will be present at Event ¹ : A) Bryon Curley B) Richard Mason	
Contact Person Phone Number: 603 621-3570	Contact Person will be present at Event Phone Number: A) 603-714-4485 B) 603-396-8604	
Contact Person Cell Number: 603 493-2520	Contact Person will be present at Event Cell Number: A) 603-714-4485 B) 603-396-8604	
Description of Event (Please Attach Additional Sheets of Paper if description cannot fit in the space provided: Banquet under a tent for approximately 350 people to build awareness of Veterans Count and Honor Veterans. Mostly raising funds to assist any Veteran who needs help or the family of a deployed soldier.		
Location of Event: Rubnnymede Farm, 68 Atlantic Avenue, North Hampton, NH 03862		
Date(s) of Event: Friday, June 24, 2022	Hours:	
	From: 4:00 p.m.	End: 10:30 p.m.
Estimated Attendance: 350 + staff	Minimum No.:	Maximum No.:
Types of Alcohol to be served: Cash bar, license applied for by Easter Seals of NH		

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

The following facilities will be available for the event:

Sanitation: rented mobile bathroom	No. of Units: 1 trailer/1 HC porta potty	Male: 3 urinals/1 toilet	Female: 4 toilets
Water supply from: owner for sanitation and restrooms			
Food will be served from and/or by: Foster's Clambake & Catering			
Beverages will be served from and/or by: Caterer			
Illumination after dark will be provided by Tent globe lighting and external light towers (generator power)			
Medical and First Aid Provided by: North Hampton Firefighter/paramedic will be contracted for the event			
Traffic Control Provided by: Will contract w/ North Hampton PD		No. of officers: contracted 3 officers/1 patrol car in the past/same this year	
Parking for <u>300</u> is planned. <input checked="" type="checkbox"/> Attach plan of exact parking location and exact route to be kept open for emergency vehicles <input type="checkbox"/> Not applicable. Explain:			

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: 3/23/22
Building Inspector/Code Enforcement Officer Signature of Approval: 	Date: 5/13/22
Director of Public Works Signature of Approval: OK per John Hubbard 	Date: 5/15/2022
Police Chief Signature of Approval: 	Date: 5/13/2022

Department comments or additional conditions:

BUILDING/PLANNING - PLEASE ENSURE INSTALLED LIGHTING DOES NOT SHINE ONTO ABUTTING PROPERTIES OR ROADWAYS.

* See Attached Conditions

Applicant: I do hereby agree to the additional requirements:

Applicant's Signature: *Via email communication* Date:

PERMIT

Denied Reason:

Approved

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

Date:

Kathryn L. Mone
Chief of Police



Telephone: 603-964-8621
Emergency: 911

Town of North Hampton
Police Department
233 Atlantic Avenue
North Hampton, NH 03862

May 13, 2022

RE: Large Gathering Application for the 2022 Veterans Count Gala (Easter Seals of NH)
June 24, 2022

The Large Gathering Application for the 2022 Veterans Count Gala (Easter Seals of NH) on June 24, 2022 is approved based on the following conditions:

1. Any tents used for the event shall receive a place of assembly inspection. It is the responsibility of the organizer to call the Fire Department after the tents are erected to schedule the inspection.
2. The organizer must ensure that the proposed lighting is positioned in such a manner as to shine light directly downward on the event area. Lighting should not be positioned in a way that light shines onto neighboring properties or hinders safe driving conditions along the roadway.
3. All vehicle parking must be on site. No vehicles will be allowed to park on any public right-of-way. Volunteers will not be allowed to perform any traffic control function within the Town or State Right-of-Way. On-site parking should be controlled by volunteers of the event to allow ease of access from the public way to the private property.
4. A minimum of one (1) certified Emergency Medical Technician (EMT) must be on-site. Any detail EMT must be either a North Hampton Fire Rescue EMT or a privately hired EMT if no North Hampton Personnel are available. It is the responsibility of the event organizer to call the Fire Department in advance to schedule the detail.
5. A minimum of two (2) detail officers required. The officer must be from North Hampton Police Department or officers from Mutual Aid communities approved by the North Hampton Police Department. Initially, one of the detail officers will be assigned, with cruiser, to traffic duties on Atlantic Avenue. It is the responsibility of the event organizer to call the police department a minimum of two weeks in advance to schedule the detail.

6. The Certificate of Insurance must name the Town of North Hampton as an additional insured. The Insurance Certificate must be on file with the Town prior to the event.
7. Event Coordinator will supply proof of a valid liquor license issued by the New Hampshire Liquor Commission for the event. A one-day license for the event or an approved Caterers License will suffice.



Kathryn Mone
Chief of Police

Name of Promoter or Applicant:
EASTERSEALS NH (JOSEPH EMMONS, CHIEF DEVELOPMENT OFFICER)

Mailing Address: 555 AUBURN STREET
MANCHESTER, NH 03103
Phone: 603. 621. 3570

Email: JTEMMONS@EASTERSEALS.NH.ORG
Cellular Phone: 603. 493. 2520

I, Joseph Emmons (JOSEPH EMMONS) 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.

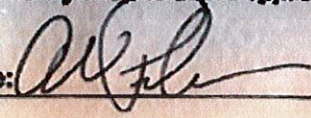
Signature:  Date: 2/18/2022

Name of Property Owner (The following MUST BE completed by the owner of the property involved): Alan Perkins

Mailing Address: PC PERK 117 @GMAIL.COM
Phone Number: 781-929-0001

Email: 2 DANCERS PARADE LANE
Cell Phone Number:

I, Alan Perkins 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.

Signature:  Date: 2/28/22



TOWN OF NORTH HAMPTON
Temporary Structure Application
Zoning Ordinance Article V, Section 505

Name: Veterans Count/Easter Seals of NH

Address: 555 Auburn Street, Manchester, NH 03103

Email/Phone Number: jtemmons@eastersealsnh.org
W:603-621-3570 C: 603-493-2520

Location of Proposed Temporary Structure: 68 Atlantic Avenue, Runnymede Farm

Period of Time for Temporary Structure: June 24, 2022 event: 4:30 - 10:30 p.m.

Proposed Use of Temporary Structure: Banquet for 350 attendees plus caterer staff. To be a fund raiser
and raise awareness of the needs of today's Veterans...home and deployed.

Applicant Signature _____ **Date** _____

Property Owner Signature _____ **Date** _____

Please attach the following information with this application:

- Temporary structure details including:
 - a. type of temporary structure
 - b. size of temporary structure with length, width , and height measurements
 - c. manner of attachment to fixed location
 - d. if applicable, construction plans
- 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** _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/22/2022

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 any rights to the certificate holder in lieu of such endorsement(s).

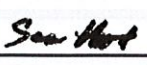
PRODUCER USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 855 874-0123	CONTACT NAME: Linda Jaeger, CIC PHONE (A/C, No, Ext): 855 874-0123 E-MAIL ADDRESS: linda.jaeger@usi.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Easter Seals NH, Inc. 555 Auburn Street Manchester, NH 03103	INSURER A: Philadelphia Indemnity Insurance Co.	NAIC # 18058
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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 INSR	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"/> Professional Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	PHPK2319126	09/01/2021	09/01/2022	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 \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	X	X	PHPK2319129	09/01/2021	09/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$10K <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	X	X	PHUB783186	09/01/2021	09/01/2022	EACH OCCURRENCE \$15,000,000 AGGREGATE \$15,000,000 \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				N/A			PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	EDP			PHPK2319126	09/01/2021	09/01/2022	\$1,660,050 Special Form Incl Theft \$500 Deductible

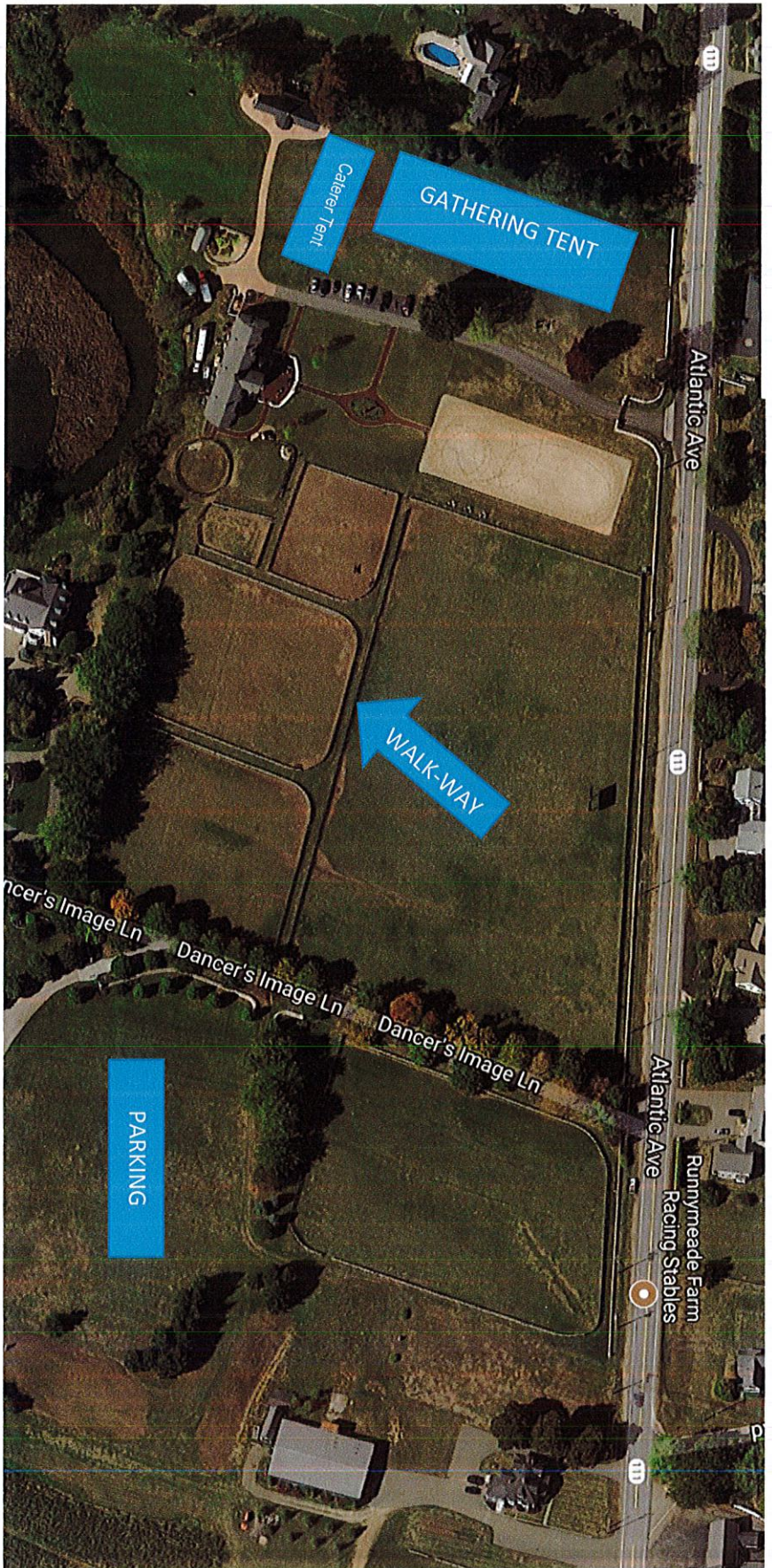
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Supplemental Names*: Easter Seals ME, Inc., Manchester Alcohol Rehabilitation Center, Inc., dba The Farnum Center, Easter Seals VT, Inc.,* The General Liability policy includes a Blanket Automatic Additional Insured Endorsement that provides Additional Insured and a Blanket Waiver of Subrogation status to the Certificate Holder, only when there is a written contract or written agreement between the Named Insured and the Certificate Holder that requires such status, and only with regard to the above referenced on (See Attached Descriptions)

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 
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DESCRIPTIONS (Continued from Page 1)

behalf of the Named Insured. The General Liability policy contains a special endorsement with "Primary and Non-Contributory" wording.

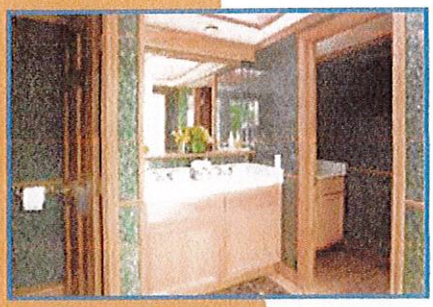
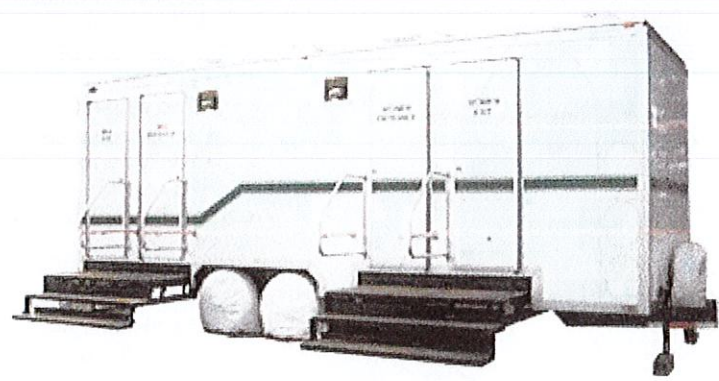
Seacoast SOS Event to be held June 24, 2022 at Historic Runnymede Farm, North Hampton, NH. The Town of North Hampton is named as Additional Insured with respect to the General Liability.





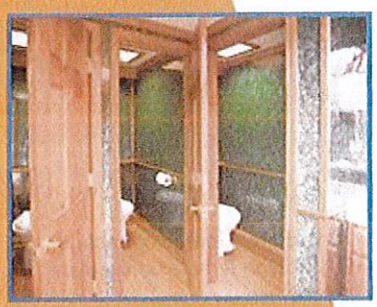
800-672-3402

The Luxury Restroom Trailer Choice Since 1982

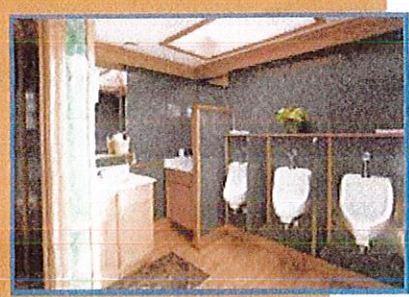


24 Foot Wide-Body Presidential Series Luxury Mobile Restroom Trailer

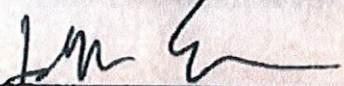
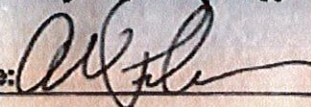
For the ultimate refinement, comfort and style, choose the 24 Ft. Presidential Series Luxury Mobile Restroom Trailer - designed for your special event in NH, MA, ME, RI, VT, CT, NY and beyond. If you require luxury restroom trailer facilities that rival four star hotel restrooms, with all the amenities associated with ultimate luxury, choose Dave's Crowd Managements Services 24 Ft. Presidential Series Luxury Mobile Restroom Trailer.



Both the women's and men's suites are spacious and climate-controlled, with generous china sinks, private locking bathrooms, immaculate full-size porcelain flush toilets, faux marble wall finish with stained wood trim and other unique amenities listed below. Our courteous on-site attendant ensures the 24 Ft. Presidential Series Luxury Mobile Restroom remains clean and maintained throughout your event. Our Event Restroom Trailers are available for weekend, short-term and long-term rentals. Find out why the most respected caterers and event coordinators have chosen Dave's Crowd Management Services as the trusted provider of 24 Ft. Presidential Series Luxury Mobile Restroom Trailers in NH, MA, VT, CT, RI, ME, NY, serving all of the Northeast.



Call us at 800-672-3402 or book your order online www.davesseptic.com

Name of Promoter or Applicant: EASTERSEALS NH (JOSEPH EMMONS, CHIEF DEVELOPMENT OFFICER)	
Mailing Address: 555 AUBURN STREET MANCHESTER, NH 03103	Phone: 603. 621. 3570
Email: JEMMONS@EASTERSEALS.NH.ORG	Cellular Phone: 603. 493. 2520
<p>I, <u>Joseph Emmons</u> (JOSEPH EMMONS), 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>	
Signature: 	Date: 2/18/2022
Name of Property Owner (The following MUST BE completed by the owner of the property involved): Alan Perkins	
Mailing Address: PC PERK 117 @GMAIL.COM	Phone Number: 781-929-0001
Email: 2 DANCERS PARADE LANE	Cell Phone Number:
<p>I, <u>Alan Perkins</u> 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 event. 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>	
Signature: 	Date: 2/28/22



NEW HAMPSHIRE LIQUOR COMMISSION
 Please submit form to:
 NHLC, 50 Storrs Street, Concord, NH 03301
 603-271-3521
License & Fee required before operating

FOR NHLC USE ONLY

License Type: One-Day Non-Profit Organization	
RSA: 178:22, V(l)	
Liq Rule: 705.25	
From	To
License Fee:	

LICENSE TYPE WORKSHEET
ONE DAY NON-PROFIT ORGANIZATION

Business Name	Easterseals	Trade Name	Runnymede Formal
Name of Primary Contact for Applicant	Joseph Emmons, Chief Development Officer		

THIS WORKSHEET AND THE FOLLOWING DOCUMENTS ARE REQUIRED TO BE SUBMITTED 15 DAYS PRIOR TO A LICENSE BEING ISSUED:

1. LEASE OR RENTAL AGREEMENT
2. NOTARIZED AFFIDAVIT FROM PERSON IN CHARGE OF EVENT
3. LETTER FROM NON-PROFIT SIGNED BY CORPORATE OFFICER DESIGNATING PERSON IN CHARGE OF EVENT
4. CERTIFICATE OR DESIGNATION OF SPECIAL ONE DAY TRAINING
5. LOCAL OFFICIAL SIGNATURE PAGE
6. LIST OF SERVERS
7. PROOF OF NON-PROFIT STATUS FROM THE NEW HAMPSHIRE SECRETARY OF STATE AND IRS

PLEASE COMPLETE THE FOLLOWING INFORMATION:

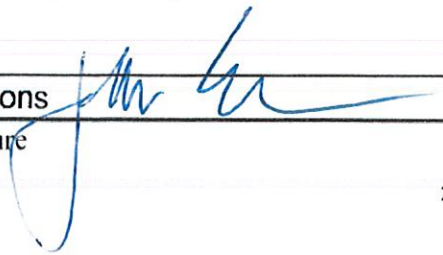
1. Give a brief description of the premises to be licensed, including how the area is to be clearly defined:
 We will use the entire property of the farm, and the area will be defined by gates on all edged of the farm. Generally the activities will take place under the food/entertainment tent
2. What is the name and address of the owner of the premises? **Historic Runnymede Farm LLC**
 4 Dancers Image Lane; North Hampton, NH
3. Describe the organization and its functions: **Easterseals NH has provided exceptional services to ensure we change the way the world defines and views disability by making profound, positive differences in people's lives every day. Veterans Count, a program of Easterseals provides service members, veterans and their families, with services and financial assistance, when no other resource is available.**
4. The date(s) and hour(s) for the function **June 24, 2022; 5:00- 9pm**
5. The estimate number of attendees is **350**. The cost for attendance is **\$550 per ticket**.

ACKNOWLEDGEMENTS (initial after each)

1. Acknowledge that no person shall be paid on the basis of alcoholic beverages sold. **JE** (initial)
2. Acknowledge that all beverages shall be purchased from licensed New Hampshire wholesale distributors, in-state manufacturers, all wine from the Commission or in-state wine manufacturers and all liquor from the Commission. **JE** (initial)
3. Acknowledge that the Commission or its investigators may enter the premises when beverage and/or liquor are being served or consumed. **JE** (initial)

By initialing this statement, I, Joseph Emmons, Chief Development Officer certify that I will retain, maintain, and keep readily available all supporting documentation as required per this license worksheet. If requested, I agree to provide such documentation to any member of the NHLC. JE (initial)

I declare under RSA 641:3, that I am authorized to sign on behalf of the business entity applying for a license, that I have examined all of the information provided on or with this application, and that the information is true, correct, and complete to the best of my knowledge and belief.

X Joseph Emmons  3/2/2022
Applicant Signature Date

Chief Development Officer
Title



March 2, 2021

To Whom It May Concern:

This is to duly authorize Joseph Emmons, Chief Development Officer, to represent Easterseals for the "Runnymede Formal" event to be held at The Historic Runnymede Farm, LLC at 4 Dancers Way, North Hampton, NH on Friday, June 24, 2022 from 5:00pm-9pm.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisabritt Solsky Stevens".

Lisabritt Solsky Stevens
Chief Growth Officer, Easterseals NH

Name of Promoter or Applicant:
EASTERSEALS NH (JOSEPH EMMONS, CHIEF DEVELOPMENT OFFICER)

Mailing Address: **555 AUBURN STREET
MANCHESTER, NH 03103** Phone: **603.621.3570**

Email: **JTEMMONS@EASTERSEALS.NH.ORG** Cellular Phone: **603.493.2520**

Joseph Emmons (JOSEPH EMMONS) 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.

Signature: Joseph Emmons Date: **2/18/2022**

Name of Property Owner (The following MUST BE completed by the owner of the property involved): **Alan Perkins**

Mailing Address: **PC PERK 117 @GMAIL.COM** Phone Number: **781-929-0001**

Email: **2 DANCERS IMAGE LAKE** Cell Phone Number:

Alan Perkins 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 event. 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.

Signature: Alan Perkins Date: **2/28/22**



**State of New Hampshire
Liquor Commission
Division of Enforcement & Licensing**



ONE DAY / AUCTION / BEER FESTIVAL / WINE FESTIVAL LOCAL OFFICIAL SIGNATURE SHEET

Town/City of: North Hampton, NH

This letter authorizes the use of the Historic Runnymede Farm LLC, 68 Atlantic Ave, N. Hampton, NH
(PREMISES)

For the Runnymede Formal - Veterans Count Event to perform
(VOLUNTARY GROUP OR NON-PROFIT ORGANIZATION)

A SPECIAL EVENT(S) AND GATHERING(S) FOR A ONE-DAY LICENSE OR BEER FESTIVAL INVOLVING THE SALE OF ALCOHOLIC BEVERAGES AS REQUIRED BY RSA 178:1.

Effective Date:	<u>Friday</u> (DAY OF THE WEEK)	<u>June</u> (MONTH)	<u>24</u> (DAY)	<u>2022</u> (YEAR)
Expiration Date:	<u>Friday</u> (DAY OF THE WEEK)	<u>June</u> (MONTH)	<u>24</u> (DAY)	<u>2022</u> (YEAR)
Hours of Event:	<u>5:00</u>	AM/PM Until	<u>9:00</u>	AM/PM

I approve the use of the 68 Atlantic Ave, North Hampton, NH in so far as accessibility of the premises is concerned; the premises are safely accessible to all forms of traffic, including emergency vehicles.

Police Chief's Signature: Kathy Mone

Print Police Chief's First & Last Name: KATHLYN MONE

I approve the use of the 68 ATLANTIC AVE. NORTH HAMPTON, NH in so far as accessibility of the premises is concerned, the premises are safely accessible with authorized capacity of 350 + people.
(NUMBER OF PEOPLE)

Fire Chief's Signature: Jason M. Lajoie

Print Fire Chief's First & Last Name: JASON M. LAJOIE

I approve the use of the 68 Atlantic Ave N. Hampton NH in so far as health and sanitary conditions are concerned. The premise meets health requirements.

Health Officer Signature: Travis Murray

Print Health Officer's First & Last Name: Travis Murray

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State of New Hampshire
Liquor Commission
Division of Enforcement & Licensing



LICENSEE TRAINING DESIGNATION FORM

I, Lisabritt Solsky Stevens (Chief Growth Officer, Easterseals NH), am a
(Print full name)

Proprietor Partner Corporate Officer Corporate Director

Limited liability company member Limited liability company manager

I have the Power of Attorney (copy must be attached)

off for the business applying for a license to sell beverage alcohol under the provisions of RSA 178:2 of New Hampshire's Revised Statutes Annotated. Pursuant to the laws of the State of New Hampshire I am duly authorized to appoint and designate the following individual to attend training in fulfillment of the requirements of RSA 178:2.

I understand and acknowledge that New Hampshire Law provides for the possible suspension of my license to sell beverage alcohol, 45 days after the issuance of the license if I, or my duly authorized manager* do not attend the Liquor Commission's Management Training Seminar (MTS) or Alcohol Consultant Training (ACT) if applying for Alcohol Consultant License.

I further understand that I must complete a new designation form should the person identified below not attend training on behalf of the licensee. Failure to submit a new and updated designation form in a timely manner may result in the license being suspended due to my failure to advise the Division of a change in my designee.

Name of Designated Manager Joseph Emmons (Chief Development Officer)
(Print Full Name)

Licensee Trade Name Runneymede Formal
(Print Trade Name)

NH Liquor License Number _____

Lisabritt Solsky Stevens 3.2.22
Duly Authorized Person to Sign Date

Licensing Specialist/Enforcement Officer Date

**Pursuant to Liquor Rule 701.01,(1) a manager is "an individual who exercises control over the policies, operating procedures and operations of the business" and designated by the license holder to attend the MTS/ACT for the licensee.*

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**State of New Hampshire
Liquor Commission
Division of Enforcement & Licensing**



ONE DAY / BEER FESTIVAL / WINE FESTIVAL / AUCTION

ONE DAY - \$100 PLUS \$25 PROCESSING FEE

\$100 PLUS \$25 = \$125.00

(Click the down arrow for license type then utilize the Tab button on your keyboard to move from field to field)

From: Friday, June 24, 2022 | 5:00 pm
Day of Week / Month / Day / Year / Time

To: Friday, June 24, 2022 | 9:00 pm
Day of Week / Month / Day / Year / Time

Liquor Commission Only:	
License #	_____
District (LIC SPEC)	_____
Territory #:	_____
Total Fees:	_____

Name of Non-Profit: Easterseals NH, Inc./Veterans Count

Mailing Address

Name: Easterseals NH, Inc./Veterans Count

Street: 555 Auburn Street

City/State/Zip: Manchester, NH 03103

Location of Event Address

Name: Historic Runnymede Farm LLC

Street: 68 Atlantic Ave

City/State/Zip: North Hampton, NH 03862

Business Phone# 603-621-3570 **Charter State** New Hampshire

Individuals, partners, corporate officers, or members managers if a Limited Liability Company are at least 21 years old, citizens of the United States or meet the requirements of RSA 178:3 II and are free of felony convictions.

LIST AT LEAST ONE CORPORATE OFFICER / LLC MEMBER-MANAGER / PARTNER / OWNER	PERSON IN CHARGE OF EVENT
Name: <u>Lisabritt Solsky Stevens</u>	Name: <u>Joseph Emmons</u>
Address <u>227 Mountain Rd; Concord, NH 03301</u>	Address <u>6 Crockett Dr, Goffstown, NH 03045</u>
Date of Birth <u>7/29/710</u>	Date of Birth <u>10/10/81</u>
Place of Birth <u>Holden, MA</u>	Place of Birth <u>New York</u>

ANSWER ALL QUESTIONS BELOW

- If the applicant is the designee of a non-profit group, name the non-profit organization represented and include proof of this status from the NH Secretary of State and a letter of such authorization from the non-profit.
Easterseals NH, Inc./Veterans Count
- If the applicant is a non-profit organization, state the name of the person representing the organization:
Joseph Emmons, Chief Development Officer
- The service and sales of alcohol shall be in a clearly defined area. Please Describe:
We will use the boundaries of the farm and have volunteers and staff monitoring all entrances and exits.
- The premise to be licensed is owned rented by the applicant.
Give a brief description of the premise to be licensed and include the address and the owner of the property
Historic Runnymede Farm, 4 Dancers Way, North Hampton, NH 03862
- The application shall be filed with the Commission at least 15 days prior to the first day of the event (exception Auction see below)
- If this is a supplemental license, violations committed during this event shall be considered enforceable against their current license.
- Attach signed approvals (form L-023a) of the local town/city Chiefs of Police, Fire Dept., and Health Officer where event will be held. Fire Dept must indicate # of people allowed in designated area.
- Attach a list of persons that will be serving alcoholic beverages - include addresses and dates of birth (form L-023b)

SPECIAL ONE LICENSE (to be provided in addition to questions 1-8 of this application)

- Describe the function of the Organization being licensed: Easter Seals provides services to people of all ages with disabilities and special needs throughout the state.
- How long has it been in existence? 1936 The current number of members: 1400
- How many people will attend: 350 Cost to attend: \$550 per person

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4 If the LLC, Partnership, or Corp. is chartered outside NH, is it registered with NH Secretary of State: Yes No

BEER FESTIVAL (to be provided in addition to questions 1-8 of this application)

1. If the applicant is the holder of a beverage manufacturer, brew pub, wholesale distributor, beverage vendor importer or on-sale or off-sale license, give license number _____
2. Beverages or specialty beer registered for sale in the State must be purchased from holders of a wholesaler's license.
3. All temporary registrations must be filed at the Liquor Commission offices and approved prior to the first day of the event and prior to bringing the beverages into the State.
4. Beverages of specialty beer for sale in the State must be temporarily registered with the Liquor Commission at the cost of \$10 per brand (L-032a).
5. All fees associated with unregistered beverages or specialty beer shall be paid to the Liquor Commission within 10 business days of the last scheduled day of the event. (L-032b)
6. The Licensee shall be responsible for paying the Liquor Commission a fee of \$.30 per gallon for this event.

WINE FESTIVAL (to be provided in addition to questions 1-8 of this application)

1. If the applicant is the holder of a wine manufacturer's license, give license number. _____
2. Only wine manufactured in NH shall be available at this event.
3. All participating wine manufacturers shall be responsible for reporting to the Liquor Commission all wine sold for off-premises consumption and pay to the Liquor Commission a fee of 5% of such sales.
4. All wine sold for off-premise consumption shall be removed from the event premise immediately.

AUCTIONS (to be provided in addition to questions 1-8 of this application)

1. Auctioneer's License # _____ State Licensed in: _____
2. If Administrator/Executor, name of estate and Letter of Administration signed by Judge of Probate _____
3. Copy of Foreclosure, Court Order Assignment or Liquidation Order if applicable.
4. Inventory of Alcohol to be sold (submit form # L-023d)
5. All buyers must be of legal drinking age.
6. The applicant shall advise prospective buyers that no beverage or liquor purchased may be re-sold.
7. The Special licensee shall hold only one (1) auction of wine and liquor per year.
8. The licensee shall return to the Commission within 10 days after the sale the license along with an Affidavit from the applicant noting purchasers, address, brands, quantities, purchase price (form # L-023e)

INCOMPLETE APPLICATIONS WILL BE RETURNED UN-PROCESSED!

APPLICANT'S CERTIFICATION: By signing this application, I agree to abide by the applicable provisions of Title XIII and Administrative Rules of the Commission. I certify further that I am in compliance with all other agencies by having ALL current permits and certificate applicable to my license. I certify and affirm that this application is made with the knowledge that it is subject to the penalties of unsworn falsification described in Chapter RSA 641:3. In addition, I understand that should an investigation disclose any misrepresentations or falsifications, this application will be rejected and any license issued to me by the State of New Hampshire Liquor Commission will be revoked.

Signature of Officer/LLC Member / Manager/Partner/Owner

3/2/2022 _____
Date

Lisabritt Solsky Stevens, Chief Growth Officer, Easterseals NH, Inc.

Print Name of Officer/LLC Member / Manager/Partner/Owner

Questions? Call Licensing Help Desk At (603) 271-3521
Application package and fees must be submitted 15 days prior to date of event
Make Check Payable to NHLC

Application packet includes: NHLC forms L-023 (2 pages), L-023a, L-023b, L-023c, L-023d, L-023e L-032a, L-032b, L-002, L-003





State of New Hampshire
Liquor Commission
Division of Enforcement & Licensing



TRAINING REQUIREMENTS

The 2001 Legislature passed SB 76 authorizing NHLC to establish the Management Training Seminar program. New liquor licensees must attend training sessions as part of their licensing requirement. **Effective September 9, 2001 all persons who hold a retail license under the provisions of RSA 178:2 shall attend a training program within 45 calendar days of the issuance of the license.**

The training program must be attended by:

- The proprietor of a sole proprietorship or a manager designated by the proprietor to attend in lieu of the proprietor.
- All partners in a partnership or a manager designated by the partners to attend in lieu of the partners.
- An officer of a corporation or a management representative designated by the corporation to attend in lieu of an officer.
- A member of a limited liability company or a manager designated by the limited liability company to attend in lieu of a member.
- ONE-DAY Licensees are also required to attend MTS training, however one day licensees are excluded from the 45 day requirement but ***must attend anytime prior to the date of their event.*** The MTS Certificate will be good until 12 months from the date of event for the same individual representing and appointed by the non-profit.

Should the licensee fail to comply with the order, the liquor license may be suspended upon the 46th day. The licensee has the opportunity to attend a training session up to 45 days prior to licensing as well as up to 45 days after licensing.

To see current schedules and to register for MTS class go to www.nh.gov/liquor and click on MTS OR call 271-8531.

In addition to the FREE mandatory training, the NHLC-Division of Enforcement & Licensing provides FREE training for all licensees and their employees. Participants learn how to check IDs, the latest information regarding false identification, server intervention, and criminal and civil liability all associated with the NH State Liquor Laws.

For further information about the Management Training Seminar, contact the Special Services Unit of the NHLC Division of Enforcement & Licensing at

(603) 271-8531, or check our website at www.nh.gov/liquor for dates.

Revised 6/7/12, 9/27/19

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