

PERMIT APPLICATION		
Name of Applicant: AMERICAN LEGION POST 35		Organization (if applicable):
Mailing Address 69 HIGH ST HAMPTON, N.H. 03842		
Contact Person: JOHN BARVENIK	Contact Person who will be present at Event <sup>1</sup> :	
Contact Person Phone Number:	Contact Person will be present at Event Phone Number:	
Contact Person Cell Number: 603-918-1540	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):  MEMORIAL DAY SERVICE		
Location of Event: No HAMPTON TOWN HALL		
Date(s) of Event: MAY 30 2022	Hours: From: 10 AM End: 11 AM	
Estimated Attendance: 150	Minimum No.: 100	Maximum No.: 200
Types of Alcohol to be served: NONE		

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

The following facilities will be available for the event:

Sanitation: <i>NA</i>	No. of Units:	Male:	Female:
Water supply from: <i>NA</i>			
Food will be served from and/or by: <i>NA</i>			
Beverages will be served from and/or by: <i>NA</i>			
Illumination after dark will be provided by <i>NA</i>			
Medical and First Aid Provided by: <i>CALL 911</i>			
Traffic Control Provided by: <i>No HAMPTON P.D</i>		No. of officers:	
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:			

<b>Name of Promoter or Applicant:</b> <i>American Legion Post 35</i>	
<b>Mailing Address:</b> <i>109 High Street Hampton, NH 03842</i>	<b>Phone:</b> <i>603 929 4695</i>
<b>Email:</b> <i>CSMJWB@comcast.net</i>	<b>Cellular Phone:</b> <i>603 918 1540</i>
<p><i>I _____, 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>	
<b>Signature:</b> <i>JWB</i>	<b>Date:</b> <i>3/8/2022</i>
<b>Name of Property Owner (The following MUST BE completed by the owner of the property involved) :</b>	
<b>Mailing Address:</b>	<b>Phone Number:</b>
<b>Email:</b>	<b>Cell Phone Number:</b>
<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>	
<b>Signature:</b>	<b>Date:</b>

**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:

3/14/2022

Building Inspector/Code Enforcement Officer Signature of Approval:

Date:

3/14/22

Director of Public Works Signature of Approval:

Date:

3/03/22

Police Chief Signature of Approval:

Date:

3/28/2022

Department comments or additional conditions:

**Applicant:** I do hereby agree to the additional requirements:

Applicant's Signature:

Date:

**PERMIT**

**Denied** Reason:

**Approved**

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

Date:



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/07/2022

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

<b>PRODUCER</b> Tobey & Merrill Insurance 20 High Street  Hampton NH 03842-2214		<b>CONTACT NAME:</b> Edward Jackson AAI <b>PHONE (A/C, No, Ext):</b> (603) 926-7655 <b>E-MAIL ADDRESS:</b> edward@tobeymerrill.com		<b>FAX (A/C, No):</b> (603) 926-2135
<b>INSURED</b>  American Legion Post #35 69 High St  Hampton NH 03842-2291		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Union Mutual Fire Insurance Company <b>INSURER B:</b> ARCH Insurance <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>		<b>NAIC #</b> 25860


**COVERAGES**      **CERTIFICATE NUMBER:** CL223708683      **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			BOP0145578	11/01/2021	11/01/2022	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							DAMAGE TO RENTED PREMISES (Ea occurrence)
	<b>AUTOMOBILE LIABILITY</b> 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)	\$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> DED      RETENTION \$						EACH OCCURRENCE	\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE	OTH-ER
B	Director's and Officers			NFP0129166-04	11/01/2021	11/01/2022	E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
							Each Occurrence	1,000,000
							Deductible	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 104, Additional Remarks Schedule, may be attached if more space is required)

Memorial Day Service being held on May 30th, 2022

<b>CERTIFICATE HOLDER</b>  Town of North Hampton 233 Atlantic Ave  North Hampton NH 03862	<b>CANCELLATION</b>  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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THE STATE OF NEW HAMPSHIRE  
DEPARTMENT OF TRANSPORTATION



Victoria F. Sheehan  
Commissioner

American Legion Post 35  
69 High Street  
Hampton, NH 03842

April 20, 2022

William Cass, P.E.  
Assistant Commissioner

To Whom It May Concern:

With reference to your recent request, please consider this a permit (22-010) for the Parade using a portion of the state highway system in the municipality of North Hampton.

The Parade scheduled for Monday, May 30, 2022 at 10:00am will use state and town roads as shown on the attached map.

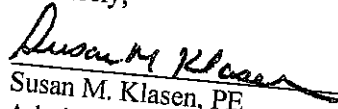
**PLEASE NOTE THAT BANNERS OVER STATE HIGHWAYS ARE PROHIBITED.**

This permit is subject to the following provisions:

1. Adequate number of uniformed police officers and traffic control devices be employed to control traffic and parking prior to, during, and following the event.
2. Provisions be made for passage of emergency vehicles should the need arise.
3. Organizers shall notify and coordinate this activity with local officials, emergency providers, and those responsible for homeland security to assure that the event does not adversely affect the safety, security, or emergency services for the events participants, spectators, other members of the community, or the traveling public.
4. Traffic on state highways shall not be delayed more than 10 (ten) minutes.
5. No markings may be applied to DOT materials within the right of way, and all materials placed within the right of way must be removed promptly.
6. Any needed porta-potties need to be staged outside of the state highway right-of-way.
7. Use of Portable Changeable Message Signs, when approved, are the responsibility of the event organizer.

Best wishes are extended for favorable weather and an enjoyable event!

Sincerely,

  
Susan M. Klasen, PE  
Administrator  
For Director of Operations

SMK:jnm  
Attach.

cc: NH State Police, Operations Bureau  
North Hampton Police Chief  
Brian Schutt, District Engineer

**STATE OF NEW HAMPSHIRE**  
Application for Parade Permit or Other  
Activity Conducted on State Highway System

Today's Date March 18, 2022

To: Department of Transportation  
Transportation Management Center  
PO Box 483, 110 Smokey Bear Blvd  
Concord, New Hampshire 03302-0483  
Phone (603) 271-6862  
Fax (603) 271-8626

**Under provisions of RSA 286:2 and RSA 236:1, application is made for a parade / activity on the state highway system.**

Indicative data is shown below:

Type of activity?	<u>Memorial Day Parade</u>
If so, what type (foot, bike, etc.)?	<u>Foot and Vehicle</u>
Will event effect highway safety?	<u>NO</u>
Will highway traffic be delayed?	<u>Yes</u>
If so, how long?	<u>10 minutes on Route 1</u>
Will highway traffic be detoured?	<u>NO</u>
Name of sponsoring organization:	<u>American Legion Post 35</u>
Mail permit to:	<u>109 High Street</u> <u>Hampton, NH 03842</u>

Phone no. where I may be reached:	<u>603 601 2041</u>
Purpose of activity:	<u>Memorial Day Parade</u>
Name of Municipality:	<u>North Hampton, Ntt</u>
Date of activity:	<u>May 30, 2022</u>
Starting and ending times:	<u>10:00am - 10:15am</u>
State route(s) to be traveled:	<u>North on Route 1 @ Citizens Bank</u> <u>East on Atlantic Ave. to</u> <u>Town Office</u> <u>North Hampton Police Dept.</u>
Traffic control provided by:	

Approved by Town Officials

Vince Mac  
Selectmen / Town Manager / Police Chief  
(circle one)

Signed by [Signature]  
(Applicant)

Please attach a simple map or sketch plotting the **start, finish, route(s) of travel, detour(s),** and **parking area(s)** if provided.

Recommended:

\_\_\_\_\_  
District Engineer



**The AMERICAN LEGION**

*The Hamptons Post 35*

*69 High Street*

*Hampton NH 03842*

**North Hampton**

**Town (Library) Offices**

**(End)**



**Atlantic Avenue (Rte 111)**



**Lafayette Road (Rte 1)**

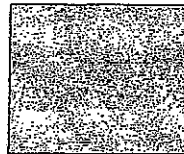
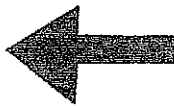
**AMERICAN LEGION  
Hamptons Post 35  
MEMORIAL DAY PARADE ROUTE**

**¼ mile North on Lafayette Road (Rte 1)**

**¼ mile East on Atlantic Ave (Rte 111)**

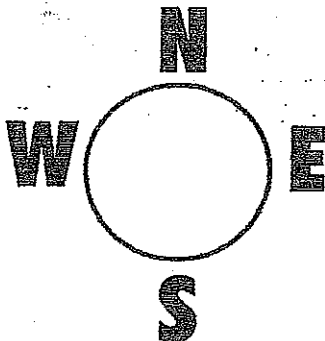
**Stop at Town Hall**

**Total actual parade time approx 15-20 minutes.**



**Citizen's Bank**

**(Start 9:45AM)**







**Hamptons Post 35**

**G. Berkley Bennett, Jr, Commander**

Chief Kathryn Mone  
North Hampton Police Department  
233 Atlantic Avenue  
North Hampton, NH 03862

April 26, 2022

Dear Chief Mone,

The Hamptons American Legion Post 35 invites you and your department to the annual Memorial Day parade and ceremony, Monday, May 30, 2022.

The day's events will start with a parade at 10:00 am. The parade will start from the Citizen's Bank building on Lafayette Road and proceed north on Lafayette, then east on Atlantic Avenue ending at the Town Offices. A memorial service will take place in front of the Town Office immediately following the parade.

I am requesting the department's assistance with traffic control for this event, as per our parade application, dated March 7, 2022. If you require further information, please contact John Barvenik at 918-1540.

Seacoast services and parades are scheduled as follows:

- > 8:00 AM Hampton Beach Marine Memorial
- > 9:00 AM Hampton Falls – Weare Common
- > 10:00 AM North Hampton Parade
- > 11:30 AM Hampton Parade

Sincerely

Berk Bennett  
Commander  
American Legion Post 35  
[berk.bennett@gmail.com](mailto:berk.bennett@gmail.com)