

James Russell
Lieutenant



Telephone: 603-964-8621
Emergency: 911

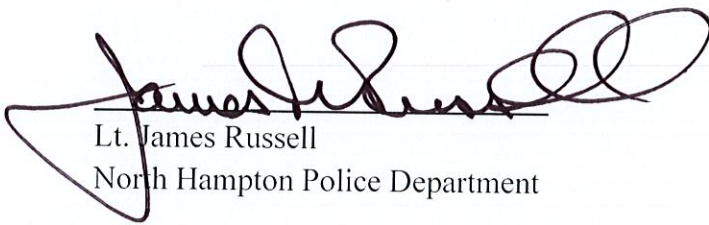
Town of North Hampton
Police Department
233 Atlantic Avenue
North Hampton, NH 03862

June 22, 2023

RE: Large Assembly Application for Seacoast Century Bicycle Ride (September 23, 2023)

The Large Assembly Application for the Seacoast Century Bicycle Ride, September 23, 2023 is approved based on the following conditions:

1. Bicycle riders must adhere to all rules of the road. This event is a bicycle ride, not a race. It is designed as a fundraiser and will not require road closure or traffic control points.
2. Volunteers, road captain, civilian or police escort shall not conduct traffic control at any intersection or upon any public way within the Town of North Hampton unless permission for such function is approved in advance by the Town of North Hampton.



Lt. James Russell
North Hampton Police Department



LARGE GATHERING ORDINANCE

Amended March 11, 2014

Section 1: PURPOSE

- 1.1 The Town of North Hampton is supportive of charitable events and other large gatherings but finds it is necessary for the protection of the health, safety and welfare of the general public and the quality of life within the town and to prevent the degradation of the environment to enact this ordinance, as authorized by RSA 155:37 and RSA 31:39, regulating large gatherings.
- 1.2 Large gatherings have resulted in nuisances to private citizens and the public at large. Such gatherings have included loud, unpleasant noise, congestion on municipal roads, unsafe driving, litter and rubbish, improper sanitation and unsafe parking on public roadways and private property.

Section 2: DEFINITION & REGULATION

- 2.1 It shall be unlawful for any person or entity to allow, permit, encourage, promote, organize, conduct or advertise any fundraising event, festival, exhibition, amusement show, fair, theatrical performance, road event (including, but not limited to foot race, bicycle ride or race, motorcycle ride or race) music concert, parade or other entertainment event for **200** or more people without first obtaining a permit to do so from the Town of North Hampton Police Chief. Application for the permit must be submitted at least thirty (**30**) days before the planned event.
- 2.2 Exempted from this ordinance are events held, sponsored or promoted by the Town on public property, youth sports and recreation games, and school events. However, coordinators of these events are required to notify the Police Chief of the event. The Police Chief is authorized under RSA 105:9 to assign police details to public meetings or functions, even if they do not require a permit from the Town under this ordinance.
- 2.3 Anyone holding a private party on private, residential property for **200** or more people not covered by Section 2.1 above is required to notify the Police Chief at least **30** days before the event, and the Chief will determine whether a formal application for a Large Assembly permit is required.

2.4 The Police Chief shall have the authority to grant or deny each permit application, or to require certain conditions deemed necessary for the protection of the public health, safety and welfare. The Chief shall have the authority to limit the number of simultaneous large gatherings and shall issue a timely, written response for a permit denied or one issued with conditions. All permits approved shall be published on the Town's website within forty-eight (48) hours.

2.5 Any person or entity whose application has been denied or approved with conditions may appeal the decision to the Town Select Board. Any citizen who opposes a permit may likewise appeal the decision to the Town Select Board.

2.6 The Police Chief shall not have the authority to waive the time limit required under this ordinance. Any application not submitted at least thirty (30) days before the event must be submitted to the Town Select Board, which shall have the sole authority to grant or deny a late application.

Section 3: PENALTY

3.1 Any person who shall let or use any building or grounds for the purposes specified in this ordinance after the required permit has been denied or rescinded, or any person violating any provisions of this ordinance shall be fined not more than one thousand dollars (\$1,000.00). The Chief of Police or the Chief's designee is granted authority to enforce this ordinance, including initiating prosecution.

End of Ordinance Requirements

Large Gathering Permit Application is attached

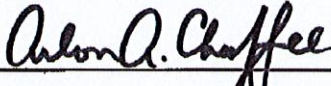
PERMIT APPLICATION		
Name of Applicant: 2023 Seacoast Century Bicycle Ride		Organization (if applicable): Granite State Wheelers
Mailing Address 37 School St, Warner NH 03278		
Contact Person: Arlon Chaffee		Contact Person who will be present at Event ¹ : Arlon Chaffee
Contact Person Phone Number: (603) 682-9954		Contact Person will be present at Event Phone Number: (603) 682-9954
Contact Person Cell Number: (603) 682-9954		Contact Person will be present at Event Cell Number: (603) 682-9954
Description of Event (Please Attach Additional Sheets of Paper if description cannot fit in the space provided): The 49th Annual Seacoast Century bicycle ride is scheduled for Saturday, Sept. 23rd. This is a recreational ride, not a race, presented by the Granite State Wheelers bicycle club. Starting at Hampton Beach, participants ride along the coasts of NH, MA and ME. There are no mass starts, timing or road closures. Riders start at various times throughout the morning and travel individually or in small groups and, as such, are dispersed. A few rider support vehicles may also be on the route. We expect 1,200 riders (same as last year), starting anytime between 7-10AM. Activities are expected to conclude by 5PM.		
Location of Event: See map incl, ride starts and finishes at Hampton Beach, passes thru North Hampton		
Date(s) of Event: September 23, 2023		Hours: From: 7AM End: 5PM
Estimated Attendance: 1200 riders passing through		Minimum No.: Maximum No.: 50-100 at a time
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:

None, except as noted below

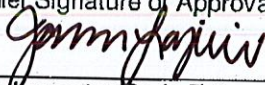
Sanitation:	No. of Units:	Male:	Female:
Water supply from:			
Food will be served from and/or by:			
Beverages will be served from and/or by:			
Illumination after dark will be provided by			
Medical and First Aid Provided by: First aid kits in the 2 support vehicles, 911 for emergencies			
Traffic Control Provided by: Police details, as needed		No. of officers: TBD by Police Dept, none in recent past	
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: Just passing through, riders park at ride HQ at Hampton Beach State Park			

Name of Promoter or Applicant: Granite State Wheelers	
Mailing Address: 37 School St, Warner NH 03278	Phone: 603-682-9954
Email: arlonchaffee@gmail.com	Cellular Phone: 603-682-9954
<p><i>I Arlon Chaffee, 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: April 6, 2023
Name of Property Owner (The following MUST BE completed by the owner of the property involved): N/A	
Mailing Address:	Phone Number:
Email:	Cell Phone Number:
<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:

DO NOT WRITE BELOW THIS SPACE. FOR TOWN USE ONLY

Departmental Approvals: Please attach any comments or special requirements to this application

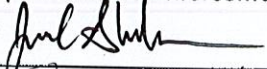
Fire Chief Signature of Approval:



Date:

6/16/2023

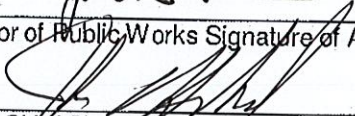
Building Inspector/Code Enforcement Officer Signature of Approval:



Date:

6/19/23

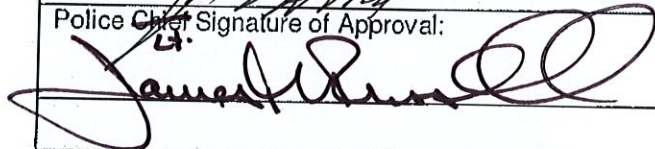
Director of Public Works Signature of Approval:



Date:

6/19/23

Police Chief Signature of Approval:



Date:

6/23/23

Department comments or additional conditions:

Applicant: I do hereby agree to the additional requirements:

Applicant's Signature:

Date:

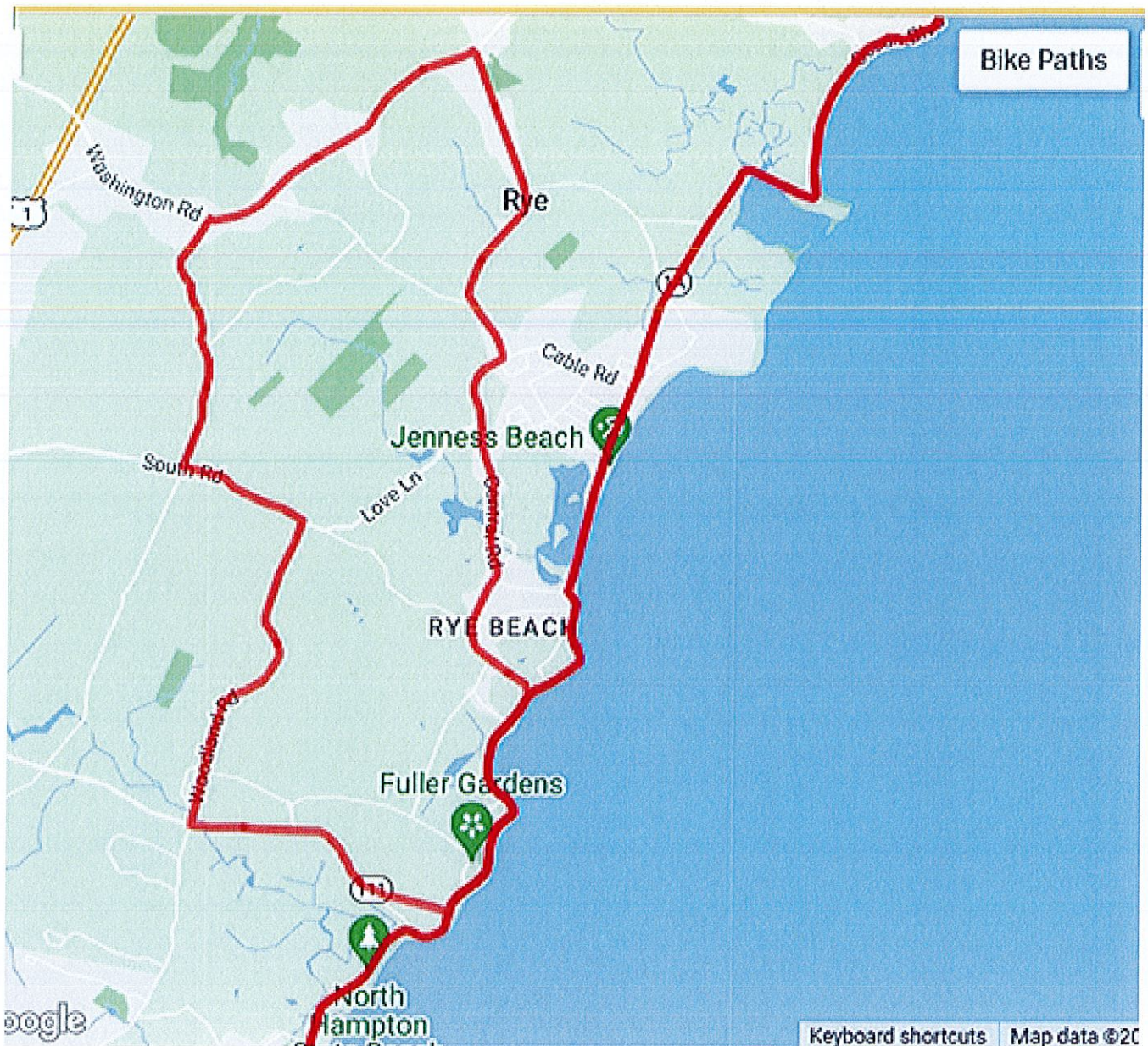
PERMIT

Denied Reason:

Approved

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

Date:



Seacoast Century Bicycle Ride September 23, 2023

Approx 1200 Riders from 7AM-5PM

Start: riders head North on Rt 1A from Hampton, through North Hampton to Rye on their way to Maine.

Finish: from the North, riders head south on Rt 1A into North Hampton, then make a loop by taking a right onto Atlantic Ave and a right onto Woodland Rd, into Rye.

Riders then rejoin Rt 1A in Rye, heading South again through North Hampton, on their way to the Hampton Beach finish.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/29/2023

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 Fairly Consulting Group, LLC 1800 S. Washington, Suite 400 Amarillo, TX 79102	CONTACT NAME: Fairly Group Certificates PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: certs@fairlygroup.com
INSURER(S) AFFORDING COVERAGE	
	NAIC #
	INSURER A : Texas Insurance Company 16543
INSURED	
USA Cycling, Inc. 210 USA Cycling Point, Suite 100 Colorado Springs, CO 80919	INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per Event		X	BESGLPTCO011201_170028_01	12/31/2022	12/31/2023	<table style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td><td style="text-align: right;">1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$</td><td style="text-align: right;">1,000,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$</td><td style="text-align: right;">Excluded</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$</td><td style="text-align: right;">1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$</td><td style="text-align: right;">3,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$</td><td style="text-align: right;">2,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td><td></td></tr> </table>	EACH OCCURRENCE	\$	1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	MED EXP (Any one person)	\$	Excluded	PERSONAL & ADV INJURY	\$	1,000,000	GENERAL AGGREGATE	\$	3,000,000	PRODUCTS - COMP/OP AGG	\$	2,000,000		\$	
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						<table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td><td></td></tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$</td><td></td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$</td><td></td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$</td><td></td></tr> </table>	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER			E.L. EACH ACCIDENT	\$		E.L. DISEASE - EA EMPLOYEE	\$		E.L. DISEASE - POLICY LIMIT	\$										
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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)

Job 2023-7333
 ES-40103A-NAC (10/22) - SCHEDULE OF NAMED INSUREDS: Event Organizers and/or Promoters are Named Insureds. It shall be a condition of coverage that all organizers/promoters for whom coverage is afforded under this policy execute a USAC Event Permit Application and coverage will be afforded only for the specific event and date(s) on the permit.

The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to any person or organization if required by a written contract or agreement provided such contract or agreement was executed prior to the occurrence or offense. Please see SEE ATTACHED ACORD 101

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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**ADDITIONAL REMARKS SCHEDULE**

AGENCY Fairly Consulting Group, LLC		NAMED INSURED USA Cycling, Inc. 210 USA Cycling Point, Suite 100 Colorado Springs, CO 80919	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
attached endorsement CG 20 26 (4/2013).

Event Number: 2023-7333
Event Name: Seacoast Century 2023
Event Location: Hampton, NH
Event Date(s): 09/23/2023
Setup Date(s): 09/22/2023

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Any person or organization if required by an insured contract provided such contract was executed prior to the occurrence or offense.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.