

PERMIT APPLICATION		
Name of Applicant: <i>AMERICAN LEGION POST 35</i>	Organization (if applicable):	
Mailing Address <i>69 HIGH ST HAMPTON, N.H. 03849</i>		
Contact Person: <i>JOHN W BARVENIK</i>	Contact Person who will be present at Event ¹ :	
Contact Person Phone Number:	Contact Person will be present at Event Phone Number:	
Contact Person Cell Number: <i>603-918-1540</i>	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): <i>MEMORIAL DAY SERVICE</i>		
Location of Event: <i>NH HAMPTON SCHOOL</i>		
Date(s) of Event: <i>MAY 27, 2024</i>	Hours:	
Estimated Attendance: <i>150</i>	From: <i>10 AM</i>	End: <i>11 AM</i>
	Minimum No.: <i>100</i>	Maximum No.: <i>200</i>
Types of Alcohol to be served: <i>NONE</i>		

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

The following facilities will be available for the event:

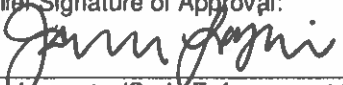
Sanitation: NA	No. of Units:	Male:	Female:
Water supply from: NA			
Food will be served from and/or by: NA			
Beverages will be served from and/or by: NA			
Illumination after dark will be provided by NA			
Medical and First Aid Provided by: CALL 911			
Traffic Control Provided by: HO HAMPTON P.D.		No.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

Name of Promoter or Applicant: AMERICAN LEGION POST 35	
Mailing Address: 69 HIGH ST, HAMPTON, NH. 03842	Phone: 603 929 4695
Email: CSMJWB@COMCAST.NET	Cellular Phone: 603-918-1540
<p>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.</p>	
Signature: 	Date: 4/1/24
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>	
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:

4/11/2024

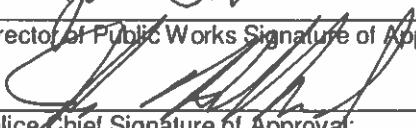
Building Inspector/Code Enforcement Officer Signature of Approval:



Date:

4/15/24

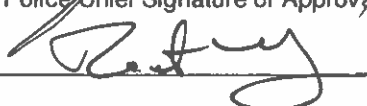
Director of Public Works Signature of Approval:



Date:

4/15/24

Police Chief Signature of Approval:



Date:

04/16/24

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)
03/20/2024

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


COVERAGES **CERTIFICATE NUMBER:** CL2432010661 **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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BOP0145578	11/01/2023	11/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Directors & Officers			NFP0129166-06	11/01/2023	11/01/2024	Each Occurrence \$1,000,000 Deductible 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Memorial Day Observance on May 27th, 2024

CERTIFICATE HOLDER Town of North Hampton 201 Atlantic Ave 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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THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



William Cass, P.E.
Commissioner

RECEIVED

MAY 22 2024

May 16, 2024

David Rodrigue, P.E.
Assistant Commissioner
Andre Briere, Colonel, USAF (RET)
Deputy Commissioner

American Legion Post 35
69 High Street
Hampton, NH 03842

NORTH HAMPTON POLICE

To Whom It May Concern:

With reference to your recent request, please consider this a permit (24-065) for the Parade using a portion of the state highway system in the municipality of North Hampton.

The Parade scheduled for Monday, May 27, 2023 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,

Nicholas H. King
Administrator
For Director of Operations

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 25 March 2024


To: Department of Transportation
Transportation Management Center
PO Box 483, 110 Smokey Bear Blvd
Concord, New Hampshire 03302-0483
Phone (603) 271-6862
E-mail: Bureau56@dot.nh.gov Subject line: Permit Application

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>Parade</u>
If so, what type (foot, bike, etc.)?	<u>Foot and Vehicle</u>
Will event affect highway safety?	<u>No</u>
Will highway traffic be delayed?	<u>Yes</u>
If so, how long?	<u>10 minutes on RT-111</u>
Will highway traffic be detoured?	<u>No</u>
Name of sponsoring organization:	<u>American Legion Post 35</u>
Mail or E-mail permit to:	<u>69 High Street</u>
	<u>Hampton, NH 03842</u>
	<u>berk.bennett@gmail.com</u>
Phone no. where I may be reached:	<u>603-601-2041 (H)</u>
Purpose of activity:	<u>Memorial Day Parade</u>
Name of Municipality:	<u>North Hampton, NH</u>
Date of activity:	<u>May 27, 2024</u>
Starting and ending times:	<u>10:00 am – 10:10 am</u>
State route(s) to be traveled:	<u>Start at NH Library, the East on</u>
	<u>RT -111, ending at NH School</u>
	<u>North Hampton Police Dept</u>

Approved by Town Officials


Selectmen / Town Manager / Police Chief
(circle one)

Signed by 
(Applicant)
COMMANDER *POST 35*

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



↑ NORTH

START:
NORTH HAMPTON
LIBRARY

FINISH:
NORTH HAMPTON
SCHOOL

Map data ©2024 200 ft

