


PERMIT APPLICATION		
Name of Applicant: <i>AMERICAN LEGION Post 35</i>		Organization (if applicable):
Mailing Address: <i>69 HIGH ST HAMPTON, N.H. 03842</i>		
Contact Person: <i>JOHN BARVENIK</i>	Contact Person who will be present at Event <sup>1</sup> : <i>JOHN BARVENIK</i>	
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: <i>603-918-1540</i>	
Description of Event (Please Attach Additional Sheets of Paper if description cannot fit in the space provided):  <i>MEMORIAL DAY CEREMONY</i>		
Location of Event: <i>NO HAMPTON TOWN HALL</i>		
Date(s) of Event: <i>MAY 28, 2018</i>	Hours:	
Estimated Attendance: <i>150</i>	From: <i>10 AM</i> Minimum No.: <i>100</i>	End: <i>11:30 AM</i> Maximum No.: <i>200</i>
Types of Alcohol to be served: <i>NONE</i>		

<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 PD</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> AMERICAN LEGION POST 35	
<b>Mailing Address:</b> 60 HIGH ST HAMPTON N.H. 03842	<b>Phone:</b> 603-929-4695
<b>Email:</b> CSM@WB@COMCAST.NET	<b>Cellular Phone:</b> 603-918-1540
<p>I <u>JOHN BIRVENIK</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.</p>	
<b>Signature:</b> 	<b>Date:</b> 1/9/18
<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 _____ 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>	
<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: <i>Milly</i>	Date: 1/16/18
Building Inspector/Code Enforcement/Health Officer Signature of Approval: <i>[Signature]</i>	Date: 1/16/18
Administrator of Planning & Zoning Signature of Approval: <i>Richard Pickren</i>	Date: 1/16/18
Director of Public Works Signature of Approval: <i>[Signature]</i>	Date: 1/16/18
Police Chief Signature of Approval: <i>[Signature]</i>	Date: 1/9/18

Department comments or additional conditions:  
*will use on-duty officers, no outside detail required.*

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

Applicant's Signature: *[Signature]* Date:

**PERMIT**

<input type="checkbox"/> <b>Denied Reason:</b> Michael E. Maddocks Chief of Police	Date:
<input checked="" type="checkbox"/> <b>Approved</b> <i>Michael E. Maddocks</i> Chief of Police	Date: 1/22/18
<i>Michael T. French</i> Interim Police Administrator	Date:
Select Board Signatures: (If Required under Ordinance amended 3/11/2014)	Date:



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/09/2018

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 <b>PHONE (A/C, No, Ext):</b> (603)926-7655 <b>EMAIL 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:** CL181805387      **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	ADL 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  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BOP0145578	11/01/2017	11/01/2018	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 - COM-YOP AGG \$ 2,000,000 Country-Wide Event \$ 1,000,000
	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> 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						
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> <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						PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Directors and Officers			NFP0129166-00	11/01/2017	11/01/2018	Directors & Officers 1,000,000 Employment Practices 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101; Additional Remarks Schedule, may be attached if more space is required)**  
Re: Memorial Day Parade on 5/28/18

<b>CERTIFICATE HOLDER</b>  TOWN OF NORTH HAMPTON 237 ATLANTIC AVENUE  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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