

PERMIT APPLICATION		
Name of Applicant: Emily Christian	Organization (if applicable): National MS Society	
Mailing Address 101A First Ave Suite 6 Waltham, MA 02451		
Contact Person: Emily Christian	Contact Person who will be present at Event ¹ : Emily Christian	
Contact Person Phone Number: 781-693-5154	Contact Person will be present at Event Phone Number: 781-693-5154	
Contact Person Cell Number: 434-426-4299	Contact Person will be present at Event Cell Number: 434-426-4299	
Description of Event (Please Attach Additional Sheets of Paper if description cannot fit in the space provided): 100km charity bike ride to raise funds for MS research, programs and advocacy.		
Location of Event: Start/Finish - Stratham Hill Park Route through Northampton attached.		
Date(s) of Event: 8.25.18	Hours: 8	
	From: 8:00am	End: 4:00pm
Estimated Attendance: 175	Minimum No.: 150	Maximum No.: 210
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:

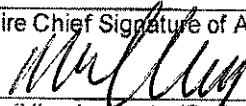
Sanitation: N/A	No. of Units: N/A	Male: N/A	Female: N/A
Water supply from: N/A			
Food will be served from and/or by: N/A			
Beverages will be served from and/or by: N/A			
Illumination after dark will be provided by N/A			
Medical and First Aid Provided by: Event volunteer EMTs & Nurses			
Traffic Control Provided by: Local police as needed		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 checked="" type="checkbox"/> Not applicable. Explain: Ride is passing through, not stopping.			

Name of Promoter or Applicant: <i>Emily Christian</i>	
Mailing Address: 101A First Ave Waltham, MA 02451	Phone: 781-693-5154
Email: <i>emily.christian@nmss.org</i>	Cellular Phone: 434-426-4299
<p>I <u><i>Emily Christian</i></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>	
Signature: <i>Emily Christian</i>	Date: <i>11-1-17</i>
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:

1/30/18

Building Inspector/Code Enforcement /Health Officer Signature of Approval:



Date:

1/30/18

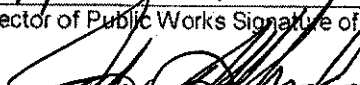
Administrator of Planning & Zoning Signature of Approval:



Date:

1/30/18

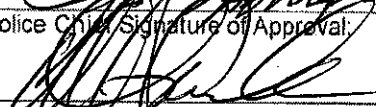
Director of Public Works Signature of Approval:



Date:

1/30/18

Police Chief Signature of Approval:



Date:

1/29/18

Department comments or additional conditions:

See Attached memo from police.

Applicant: I do hereby agree to the additional requirements:

Applicant's Signature:

Date:

PERMIT

Denied Reason:

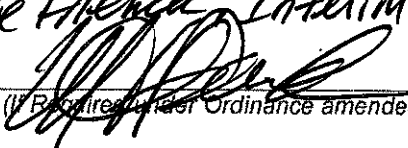
Michael E. Maddocks
Chief of Police

Date:

Approved

Michael E. Maddocks
Chief of Police

Mike French, Interim Administrator



Date:

2/8/18

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

Date:

TOWN OF NORTH HAMPTON
233 ATLANTIC AVENUE
NORTH HAMPTON, NH 03862



POLICE DEPARTMENT

TELEPHONE
BUSINESS ----- (603) 964-8621
EMERGENCY ----- (603) 679-2225
-----9-1-1
FAX NO. ----- (603) 964-8831

February 4, 2018

RE: Large Gathering Permit Application – National MS Society Charity Ride
August 25, 2018

The National MS Society Charity Bike Ride is designed to raise awareness and funds for MS Research and Programs. This is a non-competitive bike ride travelling approximately four miles through North Hampton.

The following conditions are applicable to this event:

No detail officers are required due to the established route. Since it is a non-competitive event, participants are required to adhere to all traffic laws and traffic control devices or signals.

Under no circumstances will any volunteer be permitted to conduct traffic control at any point along the route.

Under no circumstances will any escort vehicle be allowed to display emergency warning devices (red/blue lights or sirens) within the Town of North Hampton.

The Certificate of Insurance is attached.

Applicant must contact the North Hampton Police Department at least two weeks prior to the event if there are changes to the route or time period of the event.

2018 Bike MS NH Seacoast Escape - 25 mile

NET CONTROL - 978-888-3363

Miles	Direction	Description	Go	Town:
0.00	L	out of Stratham Hill Park onto Route 33	0.60	
0.60	R	onto Squamscott Road	1.10	
1.70	R	onto Route 108	1.00	Newfields
2.70	R	onto New Road @ Ship to Shore Restaurant	0.10	Newmarket
2.80		Caution: Narrow wooden bridge	2.30	
5.10	R	stop sign onto Route 108 (use caution entering town center)	0.60	
5.70	Sharp R	onto Bay Road	0.40	
6.10	BL	to stay on Bay Road	7.00	Durham
13.10	BR	onto Route 108	0.30	
13.40		REST STOP -- Durham Town Offices - Route 108 (on left)		
13.40	BL	out of rest stop ROUTE SPLITS	0.10	
13.50	L	at stop sign to continue on Route 108	1.30	Newmarket
14.80	R	Bennet Rd	1.60	
		Caution: Narrow wooden bridge		
16.40	L	Packers Falls	2.00	
		Caution: Look right		
18.40	R	S. Main St	0.50	
18.90	L	Grant	1.10	
20.00	L	Ash Swamp	2.00	
22.00	L	Ash Swamp	0.10	
22.10	R	Rt. 108 South	1.30	
23.40	L	Squamscott Road	1.10	Stratham
24.50	L	Onto Route 33/Portsmouth Ave.	0.60	
25.1	R	Finish Chute	0.00	
	FINISH	Finish Line - Congratulations! You made it!		
Route closes at 3:00PM				

L=Left, R=Right, X=Cross, S=Straight, B=Bear, @=at

2018 Bike MS NH Seacoast Escape - 60 mile

NET CONTROL - 978-888-3363

Miles	Direction	Description	Go	Town:
0.00	L	out of Stratham Hill Park onto Route 33	0.60	
0.60	R	onto Squamscott Road	1.10	
1.70	R	onto Route 108	1.00	Newfields
2.70	R	onto New Road @ Ship to Shore Restaurant	0.10	Newmarket
2.80		Caution: Narrow wooden bridge	2.30	
5.10	R	stop sign onto Route 108 (use caution entering town center)	0.60	
5.70	Sharp R	onto Bay Road	0.40	
6.10	BL	to stay on Bay Road	7.00	Durham
13.10	BR	onto Route 108	0.30	
13.40		REST STOP -- Durham Town Offices --Route 108 (on left)		
13.40	BL	out of rest stop ROUTE SPLITS	0.10	
13.50	R	at traffic light to continue on Route 108	0.60	
14.10		pass under Route 4	2.30	Madbury
16.40	S	through light	1.00	Dover
17.40	S	through light on Route 108 Caution: busy area	0.10	
17.50	S	through 2 lights, passing under Spaulding Turnpike	0.30	
17.80	BL	to stay on Route 108	0.40	
18.20	S	through light, continue on Route 108	0.30	
18.50	BR	at traffic light, following signs for Routes 4,9 and 108	0.10	
18.60	BL	staying on path for Routes 4,9 and 108	0.10	
18.70	R	onto Portland Avenue	0.10	
18.80	BR	onto unmarked Cocheco Street (towards water)	0.30	
19.10	S	through stop sign	0.40	
19.50	BR	at yield sign onto Gulf Road	1.80	
21.30	X	bridge over water	1.20	Eliot, ME
22.50	R	at light onto Route 236 South	0.40	
22.90	R	onto Route 103 East	1.50	
24.40	R	onto River Road	2.90	
27.30	BR	at onto Old Road	0.70	
28.00	R	after stop sign onto Route 103 East	0.30	
28.30		REST STOP -- Eliot Elementary School - 1298 State Road (on left)		
28.30	L	out of rest stop, staying on Route 103	0.10	
29.35	R	staying on Route 103 East	0.90	
30.25	S	through yellow blinking light	1.70	Kittery, ME
31.95		Pass under I-95	0.30	
32.25	R	staying on Route 103 East	0.40	
32.65	L	onto Bridge Street	0.10	
32.75	BR	up hill on Government Street	0.20	
32.95	R	onto Route 1 South/Newmarket Street	0.10	
33.05		Cross bridge back to New Hampshire (stay on sidewalk)	0.50	Portsmouth
33.55	SR	onto Harbour Place which becomes State Street	0.10	
33.65		*Follow signs for Strawberry Banke*		
33.45	L	onto Marcy Street	0.30	
33.75	L	onto Route 1B South	1.50	
35.25		Caution: crossing bridge		

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2018 Bike MS NH Seacoast Escape - 60 mile

NET CONTROL - 978-888-3363

Miles	Direction	Description	Go	Town:
35.25		Caution: crossing bridge		Newcastle
35.25	BL	to stay on Route 1B South/Cranfield Street	1.60	Rye
36.85		Walk bike over bridge on wooden walkway	1.10	Portsmouth
37.95	L	at stop sign onto Route 1A South	0.50	
38.45	L	at rotary to stay on Route 1A South	1.80	
40.25		REST STOP - Odiorne State Park -- Route 1A (on left)		
40.25	L	out of rest stop, pass Rye Harbor St.Park	7.50	North Hampton
47.75	R	onto Route 111/Atlantic Ave.	3.20	
51.85	S	thru traffic light, continue onto Route 111	0.50	
52.35	L	at stop sign	0.10	
52.45	R	at stop sign onto Route 151N	0.10	
52.55	L	onto Walnut Ave.	1.70	
54.25	R	onto Lovering Road	1.40	
55.65	L	onto Post Road	0.10	
55.75	L	onto Winnicut Road	1.70	Stratham
57.45	X	Union Road	2.20	
59.65	R	Onto Route 33/Portsmouth Ave.	1.00	
60.65	S	through stop light	0.30	
60.95	R	into Stratham Hill Park	0.00	
	FINISH	Finish Line - Congratulations! You made it!		
Route closes at 3:00PM				

L=Left, R=Right, X=Cross, S=Straight, B=Bear, @=at



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/19/2017

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 MARSH USA, INC. 445 SOUTH STREET MORRISTOWN, NJ 07960-6454 Attn: Morristown.CertRequest@marsh.com Fax: 212-948-0979 WALTH	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS:													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Federal Insurance Company</td> <td>20281</td> </tr> <tr> <td>INSURER B : ACE Property and Casualty Insurance Company</td> <td>20699</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Federal Insurance Company	20281	INSURER B : ACE Property and Casualty Insurance Company	20699	INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURED NATIONAL MULTIPLE SCLEROSIS SOCIETY GREATER NEW ENGLAND CHAPTER 101A FIRST AVENUE SUITE 6 WALTHAM, MA 02451														

COVERAGES **CERTIFICATE NUMBER:** NYC-009899936-15 **REVISION NUMBER:** 4

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 checked="" type="checkbox"/> LOC OTHER:			3583-33-49	12/31/2017	12/31/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	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			7353-02-37	12/31/2017	12/31/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Coll Deductible \$ 1,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			M00552835 007	12/31/2017	12/31/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	71763467	12/31/2017	12/31/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
TOWN OF NORTH HAMPTON IS ADDED AS AN ADDITIONAL INSURED EXCLUDING WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY POLICY AS REQUIRED BY WRITTEN CONTRACT BUT LIMITED TO THE OPERATIONS OF THE INSURED UNDER SAID CONTRACT AND ALWAYS SUBJECT TO THE POLICY TERMS, CONDITIONS AND EXCLUSIONS.

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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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