

## AGENDA

### COMMITTEE ON ADMINISTRATION/INFORMATION SYSTEMS

**August 16, 2016**  
**Aldermen Sapienza, Shea,**  
**Levasseur, Cavanaugh, Pappas**

**5:30 p.m.**  
**Aldermanic Chambers**  
**City Hall (3<sup>rd</sup> Floor)**

1. Chairman Sapienza calls the meeting to order.
2. The Clerk calls the roll.
3. Banner application from the American Red Cross for a banner to be hung on Elm Street from August 22, 2016 through September 1, 2016.  
**Gentlemen, what is your pleasure?**
4. Banner application from the Manchester Police Athletic League for a banner to be hung on Elm Street from September 19, 2016 through October 02, 2016.  
**Gentlemen, what is your pleasure?**
5. Banner application from Easter Seals for a banner to be hung on Elm Street from October 3, 2016 through October 16, 2016.  
**Gentlemen, what is your pleasure?**
6. Banner application from the Palace Theatre for a banner to be hung on Elm Street from October 17, 2016 through November 14, 2016.  
**Gentlemen, what is your pleasure?**
7. Banner application from the Palace Theatre for a banner to be hung on Elm Street from November 25, 2016 through December 23, 2016.  
**Gentlemen, what is your pleasure?**

8. Banner application from the Palace Theatre for a banner to be hung on Elm Street from January 13, 2017 through February 13, 2017.  
**Gentlemen, what is your pleasure?**
  
9. Banner application from the Palace Theatre for a banner to be hung on Elm Street from February 27, 2017 through March 27, 2017.  
**Gentlemen, what is your pleasure?**
  
10. Banner application from the Palace Theatre for a banner to be hung on Elm Street from April 10, 2017 through May 8, 2017.  
**Gentlemen, what is your pleasure?**
  
11. Banner application from the Palace Theatre for a banner to be hung on Elm Street from May 26, 2017 through June 26, 2017.  
**Gentlemen, what is your pleasure?**
  
12. Banner application from the Animal Shelter for a banner to be hung on Elm Street from July 10, 2017 through July 24, 2017.  
**Gentlemen, what is your pleasure?**
  
13. Banner application from Hope for New Hampshire Recovery for banners to be hung on Hanover Street and Kelley Street from September 5, 2016 through September 17, 2016.  
**Gentlemen, what is your pleasure?**
  
14. Communication from Alderman Long regarding the creation of a unique Manchester flag.  
**Gentlemen, what is your pleasure?**
  
15. Request on behalf of US Cellular to extend its lease to operate telecommunications antennas and equipment at 220 Hackett Hill Road.  
**Gentlemen, what is your pleasure?**

16. Request on behalf of Sprint to extend its lease at 230 Hackett Hill Road.  
**Gentlemen, what is your pleasure?**

**TABLED ITEMS**

*(A motion is in order to remove any item from the table.)*

17. Discussion regarding taxi rates and regulations.  
*(Note: Tabled 5/17/16; Referred by the BMA 5/03/16.)*
18. If there is no further business, a motion is in order to adjourn.

**SECTION X. MUNICIPAL BANNER LICENSE APPLICATION**

Event: Gaul Singer Memorial Blood Drive Event Date: August 30 & 31, 2016

Sponsoring Organization: American Red Cross

Contact Person for Event: Amanda Abbott

Contact's Phone #: 603-695-9284 Email: amandaabbott@merchantsfleet.com

Time Period Requested: 7/5/16 AMENDED TO August 17-31, 2016 August 22 - SEPTEMBER 1, 2016

Number of cross-street banners (max of two at any given time): 1

**BANNER LOCATION(S) FEES**

Elm and Bridge Streets	\$500.00
Elm and Pleasant Streets	\$500.00
Hanover and Chestnut Streets	\$125.00
Kelley and Dubuque Streets	\$125.00

In the area below, illustrate (or attach to this application) exactly how your banner will appear:

Signature of responsible party indicating that you have read the City of Manchester Municipal Banner Policy (available at [www.manchesternh.gov/banner](http://www.manchesternh.gov/banner)):

Signature: Amanda Abbott Date: 6/28/16

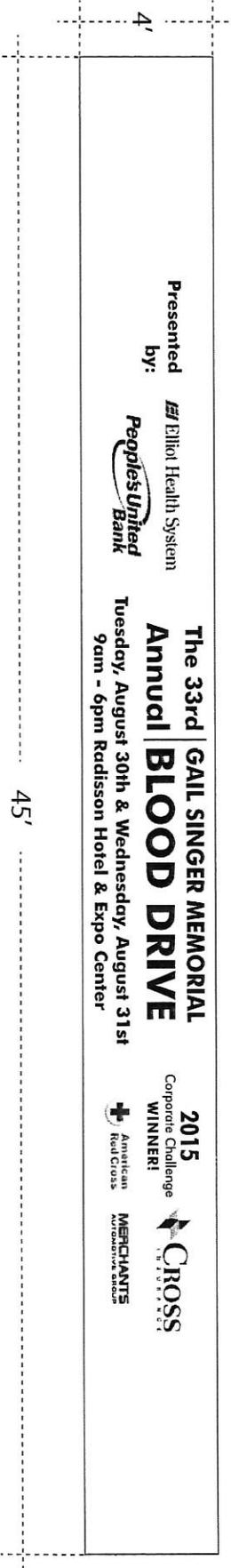
<i>Office Use Only</i>		
Date Received: <u>7.5.16</u>	Committee Review: <u>7.5.16</u>	Committee Action: _____
Insurance Carrier: <u>SEE ATTACHMENT</u>		Fee Submitted: <u>7.5.16</u>

Presented by:  Elliott Health System  
 Peoples United Bank

The 33rd | GAIL SINGER MEMORIAL  
**Annual BLOOD DRIVE**  
 Tuesday, August 30th & Wednesday, August 31st  
 9am - 6pm Radisson Hotel & Expo Center

2015  
 Corporate Challenge  
**WINNER!**  
 American Red Cross

 CROSS  
 MERCHANTS  
 AUTOMOTIVE GROUP



Client Name: Merchants Fleet Management			
Location:			
Date: 6-6-2016	Revision: 4	Drawn By: Brandon	
Notes: Futura BT- Bold & Medium GSMBD Banner-540" x 48" 13oz vinyl double sided banner with reinforced stitching, grommets, and wind slits			
			Central logo on both sides





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/01/2016

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 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> Marsh USA Inc. (Philadelphia) 1717 Arch Street Philadelphia, PA 19103 215.246.1000 fax 215.246.1399 Attn: Redcross.certrequest@marsh.com 849428-ALL-CAS-16-17	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> BIOMEDICAL SERVICES AMERICAN NATIONAL RED CROSS 425 RESERVOIR AVE MANCHESTER, NH 03104	<b>INSURER A :</b> Old Republic Insurance Company <span style="float:right">NAIC # 24147</span>	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** CLE-005121358-01                      **REVISION NUMBER:** 1

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 checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR \$100,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MWZZ 307927	07/01/2016	07/01/2017	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ INCLUDED \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<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		Y / N N / A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 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)  
RE: BLOOD DRIVES TO BE HELD THROUGHOUT THE POLICY PERIOD, 7/1/2016 - 7/1/2017. SPECIFIC DATES INCLUDE AUGUST 30 AND 31, 2016.

CITY OF MANCHESTER IS INCLUDED AS ADDITIONAL INSURED WITH REGARDS TO COMMERCIAL GENERAL LIABILITY COVERAGE WHERE REQUIRED BY CONTRACT.

### CERTIFICATE HOLDER

### CANCELLATION

CITY OF MANCHESTER 1 CITY HALL PLAZA MANCHESTER, NH 03101	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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# BUSINESS LICENSE APPLICATION

Office of the City Clerk/Business Licensing & Enforcement Division | One City Hall Plaza/Manchester, NH 03101 | (603) 624-6348

Date: 6/28/16

### Instructions

- (1) Please return all pages of this application with all applicable information completed.
- (2) Using the worksheet provided, figure the total business license fee.
- (3) Please make checks payable to the "City of Manchester".
- (4) Checks returned by your financial institution are subject to a \$30.00 penalty.
- (5) The licensing year begins May 1<sup>st</sup>. Applications received after this time may be subject to a late charge. New licenses will expire on April 30<sup>th</sup> of the following year, unless the licensed activities are otherwise limited or invalidated by local, state, or federal authority.

## SECTION I. IDENTIFICATION

(A) Applicant: Fiona Wolthers  
 Business Name: American Red Cross  
 Business Address: 425 Reservoir Avenue  
 (No PO Box) Manchester, NH 03104  
 Telephone #: 603-512-5058 Federal Tax ID #: 53-0196605  
 Manager's Name(s): \_\_\_\_\_  
 Email Address(es): fiona.wolthers@redcross.org

(B) Property Owner's Name: \_\_\_\_\_  
 Property Owner's Address: \_\_\_\_\_  
 (No PO Box) \_\_\_\_\_  
 Property Owner's Phone #: \_\_\_\_\_

(C) As part of the application process, some city departments may need to contact your business to schedule an interview or an inspection. Please identify the person to be contacted and the best time(s) to call.

Contact Person: Amanda Abbott  
 Time(s): 8am-5pm Email Address: amandaabbott@merchantsfleet.com

## SECTION II. BUSINESS INFORMATION

**(A) Business Activities: Please check all applicable activities and fill out the appropriate noted sections.**

<input type="checkbox"/>	AMUSEMENT DEVICE VENDOR-Sections I, II(A), II(B), III, IV(A), IV(C), IV(D) & V
<input type="checkbox"/>	AMUSEMENT DEVICE VENDOR (OUT OF TOWN)-Sections I, II(A), II(D), III, IV(C)& V
<input type="checkbox"/>	AMUSEMENT DEVICE-Sections I, II(A), II(C), III, IV(C) & V
<input type="checkbox"/>	ARCADES (6 OR MORE DEVICES)-Sections I, II(A), II(B), II(C), III, IV(A), IV(C), IV(D)& V
<input checked="" type="checkbox"/>	BANNERS-Sections I(A), II(A) & X
<input type="checkbox"/>	CHRISTMAS TREES / FUEL WOOD-Sections I, II(A), II(F), III, IV(A) & IV(D)
<input type="checkbox"/>	DANCE/DANCE HALLS/EPOA CLASS I-Sections I, II(A), II(B), III, IV(A), IV(C), IV(D)& V
<input type="checkbox"/>	EMPLOYMENT OFFICES-Sections I, II(A), II(B), III, IV(A), IV(D) & V
<input type="checkbox"/>	ENTERTAINMENT PLACE OF ASSEMBLY CLASS I-Contact MEDO at (603) 624-6505
<input type="checkbox"/>	ENTERTAINMENT PLACE OF ASSEMBLY CLASS II-Contact MEDO at (603) 624-6505
<input type="checkbox"/>	ENTERTAINMENT PLACE OF ASSEMBLY CLASS III-Sections I, II(A), II(B), II(E), III, IV(A), IV(B), IV(C), IV(D), & V
<input type="checkbox"/>	JUNK DEALERS AND SCRAP YARDS-Sections I, II(A), II(F), III and IV(A), IV(C), IV(D) & V
<input type="checkbox"/>	KIOSK-Sections I, II(A), II(B), III & IV(B) (food only)
<input type="checkbox"/>	NOISE PERMIT-Sections I, II(A), II(F) & III
<input type="checkbox"/>	PEDDLERS/HAWKERS-Sections I, II(A), II(E), III, IV(A), IV(B), IV(C), IV(D)& VIII
<input type="checkbox"/>	PEDDLERS/HAWKERS (CIVIC CENTER)-Sections I, II(A), II(E), III, IV(A), IV(B), IV(C), IV(D)& VIII
<input type="checkbox"/>	PETTY GROCERS/BUTCHERS-Sections I, II(A), II(B), III, IV(A), IV(B), IV(C), IV(D) & V
<input type="checkbox"/>	RAFFLE/TAG DAY-Sections I(A), II(A) & XI
<input type="checkbox"/>	RESTAURANTS / FOOD SERVICE-Sections I, II(A), II(B), III, IV(A), IV(B), IV(C), IV(D) & V
<input type="checkbox"/>	SECONDHAND DEALERS AND AUCTION HOUSES-Sections I, II(A), II(B), III, IV(A), IV(C), IV(D) & V
<input type="checkbox"/>	SECONDHAND DEALERS AND AUCTION HOUSES (OUT OF TOWN)-Sections I, II(A), II(D), III, & IV(C)
<input type="checkbox"/>	SIDEWALK ENCUMBRANCE-Sections I, II(A), II(F), III, IV(A), IV(C), IV(F) & VI
<input type="checkbox"/>	SIDEWALK SIGNS-Sections I, II(A), II(F), III, IV(A), IV(F) & VII
<input type="checkbox"/>	SUNDAY ACTIVITIES-Sections I, II(A), II(B), III, IV(A), IV(B), IV(C), IV(D) & V
<input type="checkbox"/>	TAXICAB COMPANY-Sections I, II(A), II(B), II(F), III, IV(A), IV(C), IV(D), V & IX
<input type="checkbox"/>	TAXICAB COMPANY (OUT OF TOWN)-Sections I, II(A), II(D), II(F), III, IV(C), & IX
<input type="checkbox"/>	TOWING-Sections I, II(A), II(B), III, IV(A), IV(C), IV(D)& V
<input type="checkbox"/>	TOWING (OUT OF TOWN)-Sections I, II(A), II(D), III & IV(C)
<input type="checkbox"/>	TRANSFER OF BUSINESS (Name Change)-Sections I, II(A), II(G), III, IV(A), IV(B), IV(C), IV(D) & V
<input type="checkbox"/>	TRANSFER OF BUSINESS (Location Change) -Sections I, II(A), II(G), III, IV(A), IV(B), IV(C), IV(D)& V
<input type="checkbox"/>	TRANSFERS OF BUSINESS (Ownership Change) -Sections I, II(A), II(G), III, IV(A), IV(B), IV(C), IV(D)& V
<input type="checkbox"/>	OTHER _____

**SECTION X. MUNICIPAL BANNER LICENSE APPLICATION**

Event: Foot race for the Fallen Event Date: 10-2-16

Sponsoring Organization: MPAL

Contact Person for Event: John Levasseur

Contact's Phone #: 603-626-0211 Email: JLevasse@Manchester.nh.gov

Time Period Requested: 9-19-16 - 10-02-16

Number of cross-street banners (max of two at any given time): 1 Elm/Bridge St.

BANNER LOCATION(S) FEES	
Elm and Bridge Streets	\$500.00
Elm and Pleasant Streets	\$500.00
Hanover and Chestnut Streets	\$125.00
Kelley and Dubuque Streets	\$125.00

In the area below, illustrate (or attach to this application) exactly how your banner will appear:

Signature of responsible party indicating that you have read the City of Manchester Municipal Banner Policy (available at [www.manchesternh.gov/banner](http://www.manchesternh.gov/banner)):

Signature: John Levasseur Date: 5-11-16

*Office Use Only*

Date Received: 5-16-16 Committee Review: 6-30-16 Committee Action: \_\_\_\_\_  
 Insurance Carrier: SEE ATTACHMENT Fee Submitted: 5-16-16

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
6/29/16

**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	K & K Insurance Group, Inc. P.O. Box 2338 Fort Wayne, In 46801	CONTACT NAME:	SMALL COMMERCIAL UNIT		
		PHONE (A/C, No. Ext):	877-783-1161	FAX (A/C, No):	260-459-5870
		E-MAIL ADDRESS:	SCU@KANDKINSURANCE.COM		
		INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED	MANCHESTER POLICE ATHLETIC LEAGUE C/O PAUL BEAUDOIN 300 VARNEY STREET MANCHESTER, NH 03102	INSURER A:	NATIONWIDE LIFE INSURANCE COMP		66869
		INSURER B:	NATIONAL CASUALTY COMPANY		11991
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			

**COVERAGES****CERTIFICATE NUMBER:**

1859817

**REVISION NUMBER:**

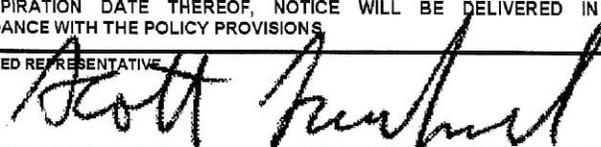
**THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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. NC=NOT COVERED**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <u>Owners &amp; Contractors</u> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		Y	KKO006433000	12:01AM 6/15/16	12:01AM 6/15/17	EACH OCCURRENCE 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) 300000 MED EXP (Any one person) 5000 PERSONAL & ADV INJURY 1000000 GENERAL AGGREGATE NONE PRODUCTS-COMP/OP AGG 1000000 Part Lgl Liab 1000000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED 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 <input type="checkbox"/> DED <input type="checkbox"/> 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		Y/N <input type="checkbox"/>	N/A			PER-STATUS OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A	Participant Accident			SPX0027634200	12:01AM 6/15/16	12:01AM 6/15/17	AD&D 10000 Primary Medical NC Excess Medical 25000 Weekly Indemnity NC

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

THE CITY OF MANCHESTER IS ADDED AS AN ADDITIONAL INSURED, BUT ONLY FOR LIABILITY CAUSED, IN WHOLE OR IN PART, BY THE ACTS OR OMISSIONS OF THE NAMED INSURED. RE: "FOOTRACE FOR THE FALLEN" BANNER DATES: 09/16-10/02/16

**CERTIFICATE HOLDER****CANCELLATION**

CITY OF MANCHESTER ONE CITY HALL PLAZA MANCHESTER, OH 03101	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 



# BUSINESS LICENSE APPLICATION

Office of the City Clerk/Business Licensing & Enforcement Division | One City Hall Plaza/Manchester, NH 03101 | (603) 624-6348

Date: 5-20-16 #7027

### Instructions

- (1) Please return all pages of this application with all applicable information completed.
- (2) Using the worksheet provided, figure the total business license fee.
- (3) Please make checks payable to the "City of Manchester".
- (4) Checks returned by your financial institution are subject to a \$30.00 penalty.
- (5) The licensing year begins May 1<sup>st</sup>. Applications received after this time may be subject to a late charge. New licenses will expire on April 30<sup>th</sup> of the following year, unless the licensed activities are otherwise limited or invalidated by local, state, or federal authority.

## SECTION I. IDENTIFICATION

(A) Applicant: John Levasseur  
 Business Name: Manchester Police Athletic League  
 Business Address: 409 Beech St Manchester, NH 03103  
 (No PO Box)

Telephone #: 603-626-0211 Federal Tax ID #: 02-0459470

Manager's Name(s): John Levasseur

Email Address(es): Jlevasse@ManchesterNH.Gov

(B) Property Owner's Name: John Levasseur (MPAL)

Property Owner's Address: 409 Beech St. Manchester, NH 03103  
(No PO Box)

Property Owner's Phone #: 603-626-0211

(C) As part of the application process, some city departments may need to contact your business to schedule an interview or an inspection. Please identify the person to be contacted and the best time(s) to call.

Contact Person: John Levasseur

Time(s): 0800 - 1600 Email Address: Jlevasse@ManchesterNH.Gov

**SECTION II. BUSINESS INFORMATION**

**(A) Business Activities: Please check all applicable activities and fill out the appropriate noted sections.**

<input type="checkbox"/>	AMUSEMENT DEVICE VENDOR-Sections I, II(A), II(B), III, IV(A), IV(C), IV(D) & V
<input type="checkbox"/>	AMUSEMENT DEVICE VENDOR (OUT OF TOWN)-Sections I, II(A), II(D), III, IV(C)& V
<input type="checkbox"/>	AMUSEMENT DEVICE-Sections I, II(A), II(C), III, IV(C) & V
<input type="checkbox"/>	ARCADES (6 OR MORE DEVICES)-Sections I, II(A), II(B), II(C), III, IV(A), IV(C), IV(D)& V
<input type="checkbox"/>	BANNERS-Sections I(A), II(A) & X
<input type="checkbox"/>	CHRISTMAS TREES / FUEL WOOD-Sections I, II(A), II(F), III, IV(A) & IV(D)
<input type="checkbox"/>	DANCE/DANCE HALLS/EPOA CLASS I-Sections I, II(A), II(B), III, IV(A), IV(C), IV(D)& V
<input type="checkbox"/>	EMPLOYMENT OFFICES-Sections I, II(A), II(B), III, IV(A), IV(D) & V
<input type="checkbox"/>	ENTERTAINMENT PLACE OF ASSEMBLY CLASS I-Contact MEDO at (603) 624-6505
<input type="checkbox"/>	ENTERTAINMENT PLACE OF ASSEMBLY CLASS II-Contact MEDO at (603) 624-6505
<input type="checkbox"/>	ENTERTAINMENT PLACE OF ASSEMBLY CLASS III-Sections I, II(A), II(B), II(E), III, IV(A), IV(B), IV(C), IV(D), & V
<input type="checkbox"/>	JUNK DEALERS AND SCRAP YARDS-Sections I, II(A), II(F), III and IV(A), IV(C), IV(D) & V
<input type="checkbox"/>	KIOSK-Sections I, II(A), II(B), III & IV(B) (food only)
<input type="checkbox"/>	NOISE PERMIT-Sections I, II(A), II(F) & III
<input type="checkbox"/>	PEDDLERS/HAWKERS-Sections I, II(A), II(E), III, IV(A), IV(B), IV(C), IV(D)& VIII
<input type="checkbox"/>	PEDDLERS/HAWKERS (CIVIC CENTER)-Sections I, II(A), II(E), III, IV(A), IV(B), IV(C), IV(D)& VIII
<input type="checkbox"/>	PETTY GROCERS/BUTCHERS-Sections I, II(A), II(B), III, IV(A), IV(B), IV(C), IV(D) & V
<input type="checkbox"/>	RAFFLE/TAG DAY-Sections I(A), II(A) & XI
<input type="checkbox"/>	RESTAURANTS / FOOD SERVICE-Sections I, II(A), II(B), III, IV(A), IV(B), IV(C), IV(D) & V
<input type="checkbox"/>	SECONDHAND DEALERS AND AUCTION HOUSES-Sections I, II(A), II(B), III, IV(A), IV(C), IV(D) & V
<input type="checkbox"/>	SECONDHAND DEALERS AND AUCTION HOUSES (OUT OF TOWN)-Sections I, II(A), II(D), III, & IV(C)
<input type="checkbox"/>	SIDEWALK ENCUMBRANCE-Sections I, II(A), II(F), III, IV(A), IV(C), IV(F) & VI
<input type="checkbox"/>	SIDEWALK SIGNS-Sections I, II(A), II(F), III, IV(A), IV(F) & VII
<input type="checkbox"/>	SUNDAY ACTIVITIES-Sections I, II(A), II(B), III, IV(A), IV(B), IV(C), IV(D) & V
<input type="checkbox"/>	TAXICAB COMPANY-Sections I, II(A), II(B), II(F), III, IV(A), IV(C), IV(D), V & IX
<input type="checkbox"/>	TAXICAB COMPANY (OUT OF TOWN)-Sections I, II(A), II(D), II(F), III, IV(C), & IX
<input type="checkbox"/>	TOWING-Sections I, II(A), II(B), III, IV(A), IV(C), IV(D)& V
<input type="checkbox"/>	TOWING (OUT OF TOWN)-Sections I, II(A), II(D), III & IV(C)
<input type="checkbox"/>	TRANSFER OF BUSINESS (Name Change)-Sections I, II(A), II(G), III, IV(A), IV(B), IV(C), IV(D) & V
<input type="checkbox"/>	TRANSFER OF BUSINESS (Location Change) -Sections I, II(A), II(G), III, IV(A), IV(B), IV(C), IV(D)& V
<input type="checkbox"/>	TRANSFERS OF BUSINESS (Ownership Change) -Sections I, II(A), II(G), III, IV(A), IV(B), IV(C), IV(D)& V
<input type="checkbox"/>	OTHER _____

**SECTION X. MUNICIPAL BANNER LICENSE APPLICATION**

Event: Hiring Event Date: \_\_\_\_\_

Sponsoring Organization: Easter Seals

Contact Person for Event: Sarah Johnson

Contact's Phone #: 603-264-7999 Email: shjohnson@eastersealsnh.org

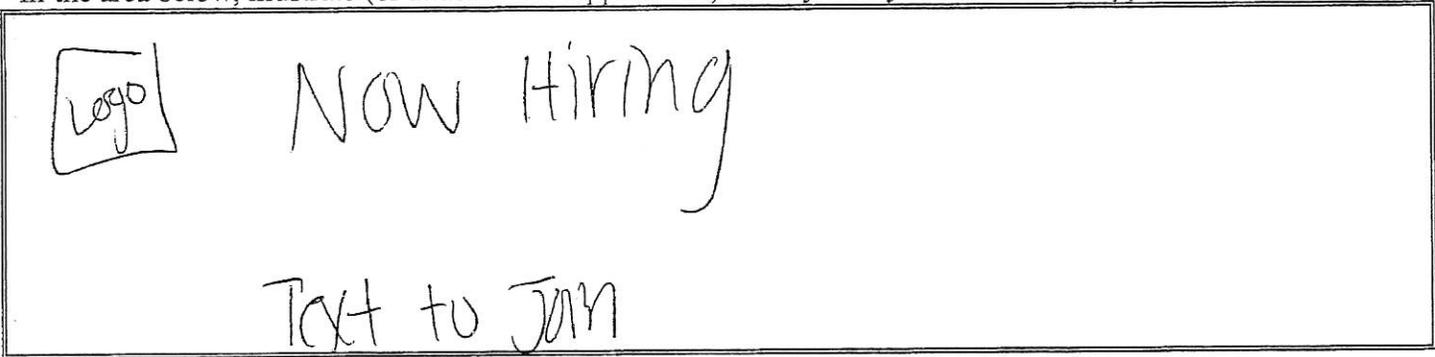
Time Period Requested: 10-3 / 10-16

Number of cross-street banners (max of two at any given time): 1

**BANNER LOCATION(S) FEES**

<input checked="" type="checkbox"/> <u>AWT</u>	Elm and Bridge Streets	\$500.00
<input checked="" type="checkbox"/>	Elm and Pleasant Streets	\$500.00
	Hanover and Chestnut Streets	\$125.00
	Kelley and Dubuque Streets	\$125.00

In the area below, illustrate (or attach to this application) exactly how your banner will appear:



Signature of responsible party indicating that you have read the City of Manchester Municipal Banner Policy (available at [www.manchesternh.gov/banner/](http://www.manchesternh.gov/banner/)):

Signature: \_\_\_\_\_

Date: 7/1/16

*Office Use Only*

Date Received: 7.1.16 Committee Review: 7.5.16 Committee Action: \_\_\_\_\_  
 Insurance Carrier: SEE ATTACHMENT Fee Submitted: SEE FILE



## DESCRIPTIONS (Continued from Page 1)

General Liability policy includes a Blanket Automatic Additional Insured Endorsement that provides Additional Insured and a Blanket Waiver of Subrogation status to the Certificate Holder, only when there is a written contract or written agreement between the named insured and the certificate holder that requires such status, and only with regard to the above referenced on behalf of the named insured. The General Liability policy contains a special endorsement with "Primary and Non-Contributory" wording.



# BUSINESS LICENSE APPLICATION

Office of the City Clerk/Business Licensing & Enforcement Division | One City Hall Plaza/Manchester, NH 03101 | (603) 624-6348

Date: 7/1/16

### Instructions

- (1) Please return all pages of this application with all applicable information completed.
- (2) Using the worksheet provided, figure the total business license fee.
- (3) Please make checks payable to the "City of Manchester".
- (4) Checks returned by your financial institution are subject to a \$30.00 penalty.
- (5) The licensing year begins May 1<sup>st</sup>. Applications received after this time may be subject to a late charge. New licenses will expire on April 30<sup>th</sup> of the following year, unless the licensed activities are otherwise limited or invalidated by local, state, or federal authority.

## SECTION I. IDENTIFICATION

- (A) Applicant:
- Business Name: Easter Seals NH
- Business Address: 555 Auburn St.  
(No PO Box) Manchester NH 03103
- Telephone #: 603-3439 Federal Tax ID #: 02-0272825
- Manager's Name(s): Sarah Johnson
- Email Address(es): shjohnson@eastersealsnh.org
- (B) Property Owner's Name: Jame
- Property Owner's Address: \_\_\_\_\_  
(No PO Box)
- Property Owner's Phone #: \_\_\_\_\_
- (C) As part of the application process, some city departments may need to contact your business to schedule an interview or an inspection. Please identify the person to be contacted and the best time(s) to call.
- Contact Person: Sarah Johnson
- Time(s): 8-5 Email Address: shjohnson@eastersealsnh.org

## SECTION II. BUSINESS INFORMATION

(A) Business Activities: Please check all applicable activities and fill out the appropriate noted sections.

<input type="checkbox"/>	AMUSEMENT DEVICE VENDOR-Sections I, II(A), II(B), III, IV(A), IV(C), IV(D) & V
<input type="checkbox"/>	AMUSEMENT DEVICE VENDOR (OUT OF TOWN)-Sections I, II(A), II(D), III, IV(C)& V
<input type="checkbox"/>	AMUSEMENT DEVICE-Sections I, II(A), II(C), III, IV(C) & V
<input type="checkbox"/>	ARCADES (6 OR MORE DEVICES)-Sections I, II(A), II(B), II(C), III, IV(A), IV(C), IV(D)& V
<input checked="" type="checkbox"/>	BANNERS-Sections I(A), II(A) & X
<input type="checkbox"/>	CHRISTMAS TREES / FUEL WOOD-Sections I, II(A), II(F), III, IV(A) & IV(D)
<input type="checkbox"/>	DANCE/DANCE HALLS/EPOA CLASS I-Sections I, II(A), II(B), III, IV(A), IV(C), IV(D)& V
<input type="checkbox"/>	EMPLOYMENT OFFICES-Sections I, II(A), II(B), III, IV(A), IV(D) & V
<input type="checkbox"/>	ENTERTAINMENT PLACE OF ASSEMBLY CLASS I-Contact MEDO at (603) 624-6505
<input type="checkbox"/>	ENTERTAINMENT PLACE OF ASSEMBLY CLASS II-Contact MEDO at (603) 624-6505
<input type="checkbox"/>	ENTERTAINMENT PLACE OF ASSEMBLY CLASS III-Sections I, II(A), II(B), II(E), III, IV(A), IV(B), IV(C), IV(D), & V
<input type="checkbox"/>	JUNK DEALERS AND SCRAP YARDS-Sections I, II(A), II(F), III and IV(A), IV(C), IV(D) & V
<input type="checkbox"/>	KIOSK-Sections I, II(A), II(B), III & IV(B) (food only)
<input type="checkbox"/>	NOISE PERMIT-Sections I, II(A), II(F) & III
<input type="checkbox"/>	PEDDLERS/HAWKERS-Sections I, II(A), II(E), III, IV(A), IV(B), IV(C), IV(D)& VIII
<input type="checkbox"/>	PEDDLERS/HAWKERS (CIVIC CENTER)-Sections I, II(A), II(E), III, IV(A), IV(B), IV(C), IV(D)& VIII
<input type="checkbox"/>	PETTY GROCERS/BUTCHERS-Sections I, II(A), II(B), III, IV(A), IV(B), IV(C), IV(D) & V
<input type="checkbox"/>	RAFFLE/TAG DAY-Sections I(A), II(A) & XI
<input type="checkbox"/>	RESTAURANTS / FOOD SERVICE-Sections I, II(A), II(B), III, IV(A), IV(B), IV(C), IV(D) & V
<input type="checkbox"/>	SECONDHAND DEALERS AND AUCTION HOUSES-Sections I, II(A), II(B), III, IV(A), IV(C), IV(D) & V
<input type="checkbox"/>	SECONDHAND DEALERS AND AUCTION HOUSES (OUT OF TOWN)-Sections I, II(A), II(D), III, & IV(C)
<input type="checkbox"/>	SIDEWALK ENCUMBRANCE-Sections I, II(A), II(F), III, IV(A), IV(C), IV(F) & VI
<input type="checkbox"/>	SIDEWALK SIGNS-Sections I, II(A), II(F), III, IV(A), IV(F) & VII
<input type="checkbox"/>	SUNDAY ACTIVITIES-Sections I, II(A), II(B), III, IV(A), IV(B), IV(C), IV(D) & V
<input type="checkbox"/>	TAXICAB COMPANY-Sections I, II(A), II(B), II(F), III, IV(A), IV(C), IV(D), V & IX
<input type="checkbox"/>	TAXICAB COMPANY (OUT OF TOWN)-Sections I, II(A), II(D), II(F), III, IV(C), & IX
<input type="checkbox"/>	TOWING-Sections I, II(A), II(B), III, IV(A), IV(C), IV(D)& V
<input type="checkbox"/>	TOWING (OUT OF TOWN)-Sections I, II(A), II(D), III & IV(C)
<input type="checkbox"/>	TRANSFER OF BUSINESS (Name Change)-Sections I, II(A), II(G), III, IV(A), IV(B), IV(C), IV(D) & V
<input type="checkbox"/>	TRANSFER OF BUSINESS (Location Change) -Sections I, II(A), II(G), III, IV(A), IV(B), IV(C), IV(D)& V
<input type="checkbox"/>	TRANSFERS OF BUSINESS (Ownership Change) -Sections I, II(A), II(G), III, IV(A), IV(B), IV(C), IV(D)& V
<input type="checkbox"/>	OTHER _____

**SECTION X. MUNICIPAL BANNER LICENSE APPLICATION**

Event: Best Little Whorehouse in Texas Event Date: 10/21/16-11/12/16

Sponsoring Organization: Palace Theatre

Contact Person for Event: David Rousseau

Contact's Phone #: 668-5588 x110 c:603-620-6025 Email: davidrousseau@palacetheatre.org

Time Period Requested: 10/17/16-11/14/16

Number of cross-street banners (max of two at any given time): 1 @Elm & Pleasant Sts

**BANNER LOCATION(S) FEES**

Elm and Bridge Streets	\$500.00
Elm and Pleasant Streets	\$500.00
Hanover and Chestnut Streets	\$125.00
Kelley and Dubuque Streets	\$125.00

In the area below, illustrate (or attach to this application) exactly how your banner will appear:

Signature of responsible party indicating that you have read the City of Manchester Municipal Banner Policy (available at [www.manchesternh.gov/banner](http://www.manchesternh.gov/banner)):

Signature: David Rousseau Date: 6/27/16

*Office Use Only*

Date Received: 6.29.16 Committee Review: 7.18.16 Committee Action: \_\_\_\_\_  
Insurance Carrier: SEE ATTACHMENT Fee Submitted: 6.30.16



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/11/2016

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 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> FIAI/Cross Insurance 1100 Elm Street  Manchester NH 03101		<b>CONTACT NAME:</b> Pamela Bennett <b>PHONE (A/C. No. Ext.):</b> (603) 669-3218 <b>FAX (A/C. No.):</b> (603) 645-4331 <b>E-MAIL ADDRESS:</b> pbennett@crossagency.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>NAIC #</b>	
<b>INSURED</b> The Palace Theatre Trust 80 Hanover Street  Manchester NH 03101		<b>INSURER A:</b> Citizens Ins Co of America <b>INSURER B:</b> Allmerica Financial Benefit <b>INSURER C:</b> Hanover Insurance Group, Inc. <b>INSURER D:</b> FirstComp Ins Co <b>INSURER E:</b> <b>INSURER F:</b>	 31534 41840 22292 27626   

**COVERAGES** **CERTIFICATE NUMBER:** 15/16 Liability **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 SUBR INSD VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		ZBV9752967	11/1/2015	11/1/2016	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000	
						MED EXP (Any one person) \$ 10,000	
						PERSONAL & ADV INJURY \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ Included	
	OTHER:					Employee Benefits Liability \$ 1,000,000	
B	AUTOMOBILE LIABILITY		AWV9764392	11/1/2015	11/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$	
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$	
						Medical payments \$ 5,000	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR	UEV9752968	11/1/2015	11/1/2016	EACH OCCURRENCE \$ 4,000,000	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 4,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 0					\$	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	WC0100588-07 (3a.) NH Officers Excluded - see below	11/1/2015	11/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> N/A				E.L. EACH ACCIDENT \$ 500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 500,000	
						E.L. DISEASE - POLICY LIMIT \$ 500,000	

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

RE: The Palace Theatre Banners hung over streets in City of Manchester.

Refer to policy for exclusionary endorsements and special provisions.

Proprietors/Partners/Executive Officers/Members Excluded: Alexander Walker, Chairperson; Wayne Robinson, Vice Chairperson; Mark Laprade, Treasurer, Michael Perrella, Secretary

**CERTIFICATE HOLDER****CANCELLATION**

pallard2@manchesternh.gov  City of Manchester One City Hall Plaza Manchester, NH 03101	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  Pamela Bennett/PXB 
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# BUSINESS LICENSE APPLICATION

Office of the City Clerk/Business Licensing & Enforcement Division | One City Hall Plaza/Manchester, NH 03101 | (603) 624-6348

Date: 6/28/16

# 7073

## Instructions

- (1) Please return all pages of this application with all applicable information completed.
- (2) Using the worksheet provided, figure the total business license fee.
- (3) Please make checks payable to the "City of Manchester".
- (4) Checks returned by your financial institution are subject to a \$30.00 penalty.
- (5) The licensing year begins May 1<sup>st</sup>. Applications received after this time may be subject to a late charge. New licenses will expire on April 30<sup>th</sup> of the following year, unless the licensed activities are otherwise limited or invalidated by local, state, or federal authority.

## SECTION I. IDENTIFICATION

- (A) Applicant: David Rousseau
- Business Name: Palace Theatre
- Business Address:  
(No PO Box) 80 Hanover St.  
Manchester NH 03101
- Telephone #: 603-668-5588 c:603-620-6025 Federal Tax ID #: 23-7356019
- Manager's Name(s): Peter Ramsey
- Email Address(es): davidrousseau@palacetheatre.org
- (B) Property Owner's Name: \_\_\_\_\_
- Property Owner's Address:  
(No PO Box) \_\_\_\_\_
- Property Owner's Phone #: \_\_\_\_\_
- (C) As part of the application process, some city departments may need to contact your business to schedule an interview or an inspection. Please identify the person to be contacted and the best time(s) to call.
- Contact Person: David Rousseau
- Time(s): 8am-5pm Email Address: davidrousseau@palacetheatre.org

## SECTION II. BUSINESS INFORMATION

**(A) Business Activities: Please check all applicable activities and fill out the appropriate noted sections.**

	AMUSEMENT DEVICE VENDOR-Sections I, II(A), II(B), III, IV(A), IV(C), IV(D) & V
	AMUSEMENT DEVICE VENDOR (OUT OF TOWN)-Sections I, II(A), II(D), III, IV(C)& V
	AMUSEMENT DEVICE-Sections I, II(A), II(C), III, IV(C) & V
	ARCADES (6 OR MORE DEVICES)-Sections I, II(A), II(B), II(C), III, IV(A), IV(C), IV(D)& V
XX	BANNERS-Sections I(A), II(A) & X
	CHRISTMAS TREES / FUEL WOOD-Sections I, II(A), II(F), III, IV(A) & IV(D)
	DANCE/DANCE HALLS/EPOA CLASS I-Sections I, II(A), II(B), III, IV(A), IV(C), IV(D)& V
	EMPLOYMENT OFFICES-Sections I, II(A), II(B), III, IV(A), IV(D) & V
	ENTERTAINMENT PLACE OF ASSEMBLY CLASS I-Contact MEDO at (603) 624-6505
	ENTERTAINMENT PLACE OF ASSEMBLY CLASS II-Contact MEDO at (603) 624-6505
	ENTERTAINMENT PLACE OF ASSEMBLY CLASS III-Sections I, II(A), II(B), II(E), III, IV(A), IV(B), IV(C), IV(D), & V
	JUNK DEALERS AND SCRAP YARDS-Sections I, II(A), II(F), III and IV(A), IV(C), IV(D) & V
	KIOSK-Sections I, II(A), II(B), III & IV(B) (food only)
	NOISE PERMIT-Sections I, II(A), II(F) & III
	PEDDLERS/HAWKERS-Sections I, II(A), II(E), III, IV(A), IV(B), IV(C), IV(D)& VIII
	PEDDLERS/HAWKERS (CIVIC CENTER)-Sections I, II(A), II(E), III, IV(A), IV(B), IV(C), IV(D)& VIII
	PETTY GROCERS/BUTCHERS-Sections I, II(A), II(B), III, IV(A), IV(B), IV(C), IV(D) & V
	RAFFLE/TAG DAY-Sections I(A), II(A) & XI
	RESTAURANTS / FOOD SERVICE-Sections I, II(A), II(B), III, IV(A), IV(B), IV(C), IV(D) & V
	SECONDHAND DEALERS AND AUCTION HOUSES-Sections I, II(A), II(B), III, IV(A), IV(C), IV(D) & V
	SECONDHAND DEALERS AND AUCTION HOUSES (OUT OF TOWN)-Sections I, II(A), II(D), III, & IV(C)
	SIDEWALK ENCUMBRANCE-Sections I, II(A), II(F), III, IV(A), IV(C), IV(F) & VI
	SIDEWALK SIGNS-Sections I, II(A), II(F), III, IV(A), IV(F) & VII
	SUNDAY ACTIVITIES-Sections I, II(A), II(B), III, IV(A), IV(B), IV(C), IV(D) & V
	TAXICAB COMPANY-Sections I, II(A), II(B), II(F), III, IV(A), IV(C), IV(D), V & IX
	TAXICAB COMPANY (OUT OF TOWN)-Sections I, II(A), II(D), II(F), III, IV(C), & IX
	TOWING-Sections I, II(A), II(B), III, IV(A), IV(C), IV(D)& V
	TOWING (OUT OF TOWN)-Sections I, II(A), II(D), III & IV(C)
	TRANSFER OF BUSINESS (Name Change)-Sections I, II(A), II(G), III, IV(A), IV(B), IV(C), IV(D) & V
	TRANSFER OF BUSINESS (Location Change) -Sections I, II(A), II(G), III, IV(A), IV(B), IV(C), IV(D)& V
	TRANSFERS OF BUSINESS (Ownership Change) -Sections I, II(A), II(G), III, IV(A), IV(B), IV(C), IV(D)& V
	OTHER _____

**SECTION X. MUNICIPAL BANNER LICENSE APPLICATION**

Event: A Christmas Carol Event Date: 12/2/16-12/23/16

Sponsoring Organization: Palace Theatre

Contact Person for Event: David Rousseau

Contact's Phone #: 668-5588 x110 603-620-6025 Email: davidrousseau@palacethatre.org

Time Period Requested: 11/25/16-12/23/16

Number of cross-street banners (max of two at any given time): 1 @ Elm & Pleasant Sts.

**BANNER LOCATION(S) FEES**

Elm and Bridge Streets	\$500.00
Elm and Pleasant Streets	\$500.00
Hanover and Chestnut Streets	\$125.00
Kelley and Dubuque Streets	\$125.00

In the area below, illustrate (or attach to this application) exactly how your banner will appear:

A Christmas Carol

Signature of responsible party indicating that you have read the City of Manchester Municipal Banner Policy (available at [www.manchesternh.gov/banner](http://www.manchesternh.gov/banner)):

Signature: David Rousseau Date: 6/28/16

*Office Use Only*

Date Received: 6-29-16 Committee Review: 7-18-16 Committee Action: \_\_\_\_\_  
 Insurance Carrier: SEE ATTACHMENT Fee Submitted: 6-30-16



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/11/2016

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 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> FIAI/Cross Insurance 1100 Elm Street  Manchester NH 03101		<b>CONTACT NAME:</b> Pamela Bennett <b>PHONE (A/C, No, Ext):</b> (603) 669-3218 <b>FAX (A/C, No):</b> (603) 645-4331 <b>E-MAIL ADDRESS:</b> pbennett@crossagency.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
		<b>INSURER A:</b> Citizens Ins Co of America	31534
		<b>INSURER B:</b> Allmerica Financial Benefit	41840
		<b>INSURER C:</b> Hanover Insurance Group, Inc.	22292
		<b>INSURER D:</b> FirstComp Ins Co	27626
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 15/16 Liability      **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			ZBV9752967	11/1/2015	11/1/2016	EACH OCCURRENCE	\$ 1,000,000			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000			
							MED EXP (Any one person)	\$ 10,000			
							PERSONAL & ADV INJURY	\$ 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PROJECT	<input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG	\$ Included
		OTHER:								Employee Benefits Liability	\$ 1,000,000
B	AUTOMOBILE LIABILITY			AWV9764392	11/1/2015	11/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$			
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$			
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$			
							Medical payments	\$ 5,000			
C	<input checked="" type="checkbox"/> UMBRELLA LIAB			UBV9752968	11/1/2015	11/1/2016	EACH OCCURRENCE	\$ 4,000,000			
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 4,000,000			
	DED <input checked="" type="checkbox"/>	RETENTION \$	0					\$			
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC0100588-07 (3a.) NH Officers Excluded - see below	11/1/2015	11/1/2016	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)									E.L. EACH ACCIDENT	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - EA EMPLOYEE	\$ 500,000
										E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**RE:** The Palace Theatre Banners hung over streets in City of Manchester.  
 Refer to policy for exclusionary endorsements and special provisions.  
 Proprietors/Partners/Executive Officers/Members Excluded: Alexander Walker, Chairperson; Wayne Robinson, Vice Chairperson; Mark Laprade, Treasurer, Michael Perrella, Secretary

<b>CERTIFICATE HOLDER</b> pallard2@manchesternh.gov  City of Manchester One City Hall Plaza Manchester, NH 03101	<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 Pamela Bennett/PXB <i>Pamela Bennett</i>
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# BUSINESS LICENSE APPLICATION

Office of the City Clerk/Business Licensing & Enforcement Division | One City Hall Plaza/Manchester, NH 03101 | (603) 624-6348

Date: 6/28/16 REVISED #7074

### Instructions

- (1) Please return all pages of this application with all applicable information completed.
- (2) Using the worksheet provided, figure the total business license fee.
- (3) Please make checks payable to the "City of Manchester".
- (4) Checks returned by your financial institution are subject to a \$30.00 penalty.
- (5) The licensing year begins May 1<sup>st</sup>. Applications received after this time may be subject to a late charge. New licenses will expire on April 30<sup>th</sup> of the following year, unless the licensed activities are otherwise limited or invalidated by local, state, or federal authority.

## SECTION I. IDENTIFICATION

(A) Applicant: Palace Theatre-David Rousseau

Business Name: Palace Theatre

Business Address:  
(No PO Box) 80 Hanover St.  
Manchester NH 03101

Telephone #: 668-5588 x110 Federal Tax ID #: 23-7356019

Manager's Name(s): Peter Ramsey

Email Address(es): peterramsey@palacetheatre.org  
davidrousseau@palacetheatre.org

(B) Property Owner's Name: \_\_\_\_\_

Property Owner's Address:  
(No PO Box) \_\_\_\_\_

Property Owner's Phone #: \_\_\_\_\_

(C) As part of the application process, some city departments may need to contact your business to schedule an interview or an inspection. Please identify the person to be contacted and the best time(s) to call.

Contact Person: David Rousseau

Time(s): 8am-5pm Email Address: same as above

**SECTION X. MUNICIPAL BANNER LICENSE APPLICATION**

Event: Smokey Joes Cafe Event Date: 1/20/17-2/11/17

Sponsoring Organization: Palace Theatre

Contact Person for Event: David Rousseau

Contact's Phone #: 668-5588 x110 c:603-620-6025 Email: davidrousseau@palacetheatre.org

Time Period Requested: 1/13/17-2/13/17

Number of cross-street banners (max of two at any given time: 1 @ Elm & Bridge Sts.

**BANNER LOCATION(S) FEES**

Elm and Bridge Streets	\$500.00
Elm and Pleasant Streets	\$500.00
Hanover and Chestnut Streets	\$125.00
Kelley and Dubuque Streets	\$125.00

In the area below, illustrate (or attach to this application) exactly how your banner will appear:

Smokey Joe's Cafe

Signature of responsible party indicating that you have read the City of Manchester Municipal Banner Policy (available at [www.manchesternh.gov/banner](http://www.manchesternh.gov/banner)):

Signature: David Rousseau Date: 6/28/16

*Office Use Only*

Date Received: 6.29.16 Committee Review: 7.18.16 Committee Action: \_\_\_\_\_  
 Insurance Carrier: SEE ATTACHMENT Fee Submitted: 6.30.16



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/11/2016

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 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> FIAI/Cross Insurance 1100 Elm Street  Manchester NH 03101		<b>CONTACT NAME:</b> Pamela Bennett <b>PHONE (A/C No. Ext):</b> (603) 669-3218 <b>FAX (A/C. No):</b> (603) 645-4331 <b>E-MAIL ADDRESS:</b> pbennett@crossagency.com															
<b>INSURED</b> The Palace Theatre Trust 80 Hanover Street  Manchester NH 03101		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Citizens Ins Co of America</td> <td>31534</td> </tr> <tr> <td>INSURER B: Allmerica Financial Benefit</td> <td>41840</td> </tr> <tr> <td>INSURER C: Hanover Insurance Group, Inc.</td> <td>22292</td> </tr> <tr> <td>INSURER D: FirstComp Ins Co</td> <td>27626</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: Citizens Ins Co of America	31534	INSURER B: Allmerica Financial Benefit	41840	INSURER C: Hanover Insurance Group, Inc.	22292	INSURER D: FirstComp Ins Co	27626	INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #																
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INSURER D: FirstComp Ins Co	27626																
INSURER E:																	
INSURER F:																	

**COVERAGES**      **CERTIFICATE NUMBER:** 15/16 Liability      **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 SUBR INSD 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:		ZBV9752967	11/1/2015	11/1/2016	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 \$ 3,000,000
						PRODUCTS - COMP/OP AGG \$ Included
						Employee Benefits Liability \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		AWV9764392	11/1/2015	11/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						Medical payments \$ 5,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		UEV9752968	11/1/2015	11/1/2016	EACH OCCURRENCE \$ 4,000,000
						AGGREGATE \$ 4,000,000
D	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 <input checked="" type="checkbox"/> N/A		WC0100588-07 (3a.) NE Officers Excluded - see below	11/1/2015	11/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
						E.L. EACH ACCIDENT \$ 500,000
						E.L. DISEASE - EA EMPLOYEE \$ 500,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000

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

RE: The Palace Theatre Banners hung over streets in City of Manchester.  
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 Proprietors/Partners/Executive Officers/Members Excluded: Alexander Walker, Chairperson; Wayne Robinson, Vice Chairperson; Mark Laprade, Treasurer, Michael Perrella, Secretary

<b>CERTIFICATE HOLDER</b> pallard2@manchesternh.gov  City of Manchester One City Hall Plaza Manchester, NH 03101	<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 Pamela Bennett/PXB <i>Pamela Bennett</i>
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# BUSINESS LICENSE APPLICATION

Office of the City Clerk/Business Licensing & Enforcement Division | One City Hall Plaza/Manchester, NH 03101 | (603) 624-6348

Date: 6/28/16 REVISED

#7075

### Instructions

- (1) Please return all pages of this application with all applicable information completed.
- (2) Using the worksheet provided, figure the total business license fee.
- (3) Please make checks payable to the "City of Manchester".
- (4) Checks returned by your financial institution are subject to a \$30.00 penalty.
- (5) The licensing year begins May 1<sup>st</sup>. Applications received after this time may be subject to a late charge. New licenses will expire on April 30<sup>th</sup> of the following year, unless the licensed activities are otherwise limited or invalidated by local, state, or federal authority.

## SECTION I. IDENTIFICATION

(A) Applicant: Palace Theatre-David Rousseau

Business Name: Palace Theatre

Business Address:  
(No PO Box) 80 Hanover St  
Manchester NH 03101

Telephone #: 668-5588 x110 Federal Tax ID #: 23-7356019

Manager's Name(s): Peter Ramsey

Email Address(es): peterramsey@palacetheatre.org  
davidrousseau@palacetheatre.org

(B) Property Owner's Name: \_\_\_\_\_

Property Owner's Address:  
(No PO Box) \_\_\_\_\_

Property Owner's Phone #: \_\_\_\_\_

(C) As part of the application process, some city departments may need to contact your business to schedule an interview or an inspection. Please identify the person to be contacted and the best time(s) to call.

Contact Person: David Rousseau

Time(s): 8am-5pm Email Address: same as above

**SECTION X. MUNICIPAL BANNER LICENSE APPLICATION**

Event: Hairspray Event Date: 3/3/17-3/25/17

Sponsoring Organization: Palace Theatre

Contact Person for Event: David Rousseau

Contact's Phone #: 668-5588 x110 c: 603-620-6025 Email: davidrousseau@palacetheatre.org

Time Period Requested: 2/27/17-3/27/17

Number of cross-street banners (max of two at any given time): Elm & Pleasant Sts.

**BANNER LOCATION(S) FEES**

Elm and Bridge Streets	\$500.00
Elm and Pleasant Streets	\$500.00
Hanover and Chestnut Streets	\$125.00
Kelley and Dubuque Streets	\$125.00

In the area below, illustrate (or attach to this application) exactly how your banner will appear:

Hairspray

Signature of responsible party indicating that you have read the City of Manchester Municipal Banner Policy (available at [www.manchesternh.gov/banner](http://www.manchesternh.gov/banner)):

Signature: David Rousseau Date: 6/28/16

*Office Use Only*

Date Received: 6-29-16 Committee Review: 7-18-16 Committee Action: \_\_\_\_\_  
 Insurance Carrier: SEE ATTACHMENT Fee Submitted: 6-30-16



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/11/2016

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PRODUCER		CONTACT NAME: Pamela Bennett	
FIAI/Cross Insurance		PHONE (A/C, No, Ext): (603) 669-3218	FAX (A/C, No): (603) 645-4331
1100 Elm Street		E-MAIL ADDRESS: pbennett@crossagency.com	
Manchester NH 03101		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Citizens Ins Co of America	NAIC # 31534
		INSURER B: Allmerica Financial Benefit	41840
		INSURER C: Hanover Insurance Group, Inc.	22292
		INSURER D: FirstComp Ins Co	27626
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: 15/16 Liability REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL ISURR INSD 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		ZBV9752967	11/1/2015	11/1/2016	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 \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ Included Employee Benefits Liability \$ 1,000,000
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C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0		UEV9752968	11/1/2015	11/1/2016	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
D	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 <input checked="" type="checkbox"/> N/A	WC0100588-07 (3a.) NE Officers Excluded - see below	11/1/2015	11/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 RE: The Palace Theatre Banners hung over streets in City of Manchester.  
 Refer to policy for exclusionary endorsements and special provisions.  
 Proprietors/Partners/Executive Officers/Members Excluded: Alexander Walker, Chairperson; Wayne Robinson, Vice Chairperson; Mark Laprade, Treasurer, Michael Perrella, Secretary

CERTIFICATE HOLDER	CANCELLATION
pallard2@manchesternh.gov	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
City of Manchester One City Hall Plaza Manchester, NH 03101	AUTHORIZED REPRESENTATIVE Pamela Bennett/PXB



# BUSINESS LICENSE APPLICATION

Office of the City Clerk/Business Licensing & Enforcement Division | One City Hall Plaza/Manchester, NH 03101 | (603) 624-6348

Date: 6/28/16

#7076

### Instructions

- (1) Please return all pages of this application with all applicable information completed.
- (2) Using the worksheet provided, figure the total business license fee.
- (3) Please make checks payable to the "City of Manchester".
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## SECTION I. IDENTIFICATION

(A) Applicant: Palace Theatre-David Rousseau

Business Name: Palace Theatre

Business Address:  
(No PO Box) 80 Hanover St  
Manchester NH 03101

Telephone #: 668-5588 x110 Federal Tax ID #: 23-7356019

Manager's Name(s): Peter Ramsey

Email Address(es): peterramsey@palacetheatre.org  
davidrousseau@palacetheatre.org

(B) Property Owner's Name: \_\_\_\_\_

Property Owner's Address:  
(No PO Box) \_\_\_\_\_

Property Owner's Phone #: \_\_\_\_\_

(C) As part of the application process, some city departments may need to contact your business to schedule an interview or an inspection. Please identify the person to be contacted and the best time(s) to call.

Contact Person: David Rousseau

Time(s): 8am-5pm Email Address: same as above

**SECTION X. MUNICIPAL BANNER LICENSE APPLICATION**

Event: Saturday Night Fever Event Date: 4/14/17-5/6/17

Sponsoring Organization: Palace Theatre

Contact Person for Event: David Rousseau

Contact's Phone #: 668-5588x110 c:603-620-6025 Email: davidrousseau@palacetheatre.org

Time Period Requested: 4/10/17-5/8/17

Number of cross-street banners (max of two at any given time): 1 Elm & Pleasant Sts

**BANNER LOCATION(S) FEES**

Elm and Bridge Streets	\$500.00
Elm and Pleasant Streets	\$500.00
Hanover and Chestnut Streets	\$125.00
Kelley and Dubuque Streets	\$125.00

In the area below, illustrate (or attach to this application) exactly how your banner will appear:



Signature of responsible party indicating that you have read the City of Manchester Municipal Banner Policy (available at [www.manchesternh.gov/banner](http://www.manchesternh.gov/banner)):

Signature: David Rousseau Date: 6/28/16

**Office Use Only**

Date Received: 6-29-16 Committee Review: 7-18-16 Committee Action: \_\_\_\_\_  
Insurance Carrier: SEE ATTACHMENT Fee Submitted: 6-30-16



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER		CONTACT NAME: Pamela Bennett	
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1100 Elm Street		E-MAIL ADDRESS: pbennett@crossagency.com	
Manchester NE 03101		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Citizens Ins Co of America	NAIC # 31534
INSURED		INSURER B: Allmerica Financial Benefit	41840
The Palace Theatre Trust		INSURER C: Hanover Insurance Group, Inc.	22292
80 Hanover Street		INSURER D: FirstComp Ins Co	27626
Manchester NE 03101		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: 15/16 Liability REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		UEV9752968	11/1/2015	11/1/2016	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
D	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 <input checked="" type="checkbox"/> N/A	WC0100588-07 (3a.) NH Officers Excluded - see below	11/1/2015	11/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

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Refer to policy for exclusionary endorsements and special provisions.

Proprietors/Partners/Executive Officers/Members Excluded: Alexander Walker, Chairperson; Wayne Robinson, Vice Chairperson; Mark Laprade, Treasurer, Michael Perrella, Secretary

CERTIFICATE HOLDER

pallard2@manchesternh.gov

City of Manchester  
One City Hall Plaza  
Manchester, NH 03101

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

Pamela Bennett/PXB



# BUSINESS LICENSE APPLICATION

Office of the City Clerk/Business Licensing & Enforcement Division | One City Hall Plaza/Manchester, NH 03101 | (603) 624-6348

Date: 6/28/16 # 7077

### Instructions

- (1) Please return all pages of this application with all applicable information completed.
- (2) Using the worksheet provided, figure the total business license fee.
- (3) Please make checks payable to the "City of Manchester".
- (4) Checks returned by your financial institution are subject to a \$30.00 penalty.
- (5) The licensing year begins May 1<sup>st</sup>. Applications received after this time may be subject to a late charge. New licenses will expire on April 30<sup>th</sup> of the following year, unless the licensed activities are otherwise limited or invalidated by local, state, or federal authority.

## SECTION I. IDENTIFICATION

(A) Applicant: Palace Theatre-David Rousseau

Business Name: Palace Theatre

Business Address:  
(No PO Box) 80 Hanover Street  
Manchester NH 03101

Telephone #: 668-5588 x110 Federal Tax ID #: 23-7356019

Manager's Name(s): Peter Ramsey

Email Address(es): peterramsey@palacetheatre.org  
davidrousseau@palacetheatre.org

(B) Property Owner's Name: \_\_\_\_\_

Property Owner's Address:  
(No PO Box) \_\_\_\_\_

Property Owner's Phone #: \_\_\_\_\_

(C) As part of the application process, some city departments may need to contact your business to schedule an interview or an inspection. Please identify the person to be contacted and the best time(s) to call.

Contact Person: David Rousseau

Time(s): 8am-5pm Email Address: same as above

**SECTION X. MUNICIPAL BANNER LICENSE APPLICATION**

Event: to be announced Event Date: 1/20/17-2/11/17

Sponsoring Organization: Palace Theatre

Contact Person for Event: David Rousseau

Contact's Phone #: 668-5588 x110 c:603-620-6025 Email: davidrousseau@palacetheatre.org

Time Period Requested: 5/26/17-6/26/17

Number of cross-street banners (max of two at any given time): 1 @ Elm & Pleasant Sts

**BANNER LOCATION(S) FEES**

Elm and Bridge Streets	\$500.00
Elm and Pleasant Streets	\$500.00
Hanover and Chestnut Streets	\$125.00
Kelley and Dubuque Streets	\$125.00

In the area below, illustrate (or attach to this application) exactly how your banner will appear:

To be Announced

Signature of responsible party indicating that you have read the City of Manchester Municipal Banner Policy (available at [www.manchesternh.gov/banner](http://www.manchesternh.gov/banner)):

Signature: David Rousseau Date: 6/28/16

*Office Use Only*

Date Received: 6.29.16 Committee Review: 7.18.16 Committee Action: \_\_\_\_\_  
Insurance Carrier: SEE ATTACHMENT Fee Submitted: 6.30.16



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/11/2016

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 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> FIAI/Cross Insurance 1100 Elm Street  Manchester NH 03101		<b>CONTACT NAME:</b> Pamela Bennett <b>PHONE (A/C No, Ext):</b> (603) 669-3218 <b>FAX (A/C, No):</b> (603) 645-4331 <b>E-MAIL ADDRESS:</b> pbennett@crossagency.com	
		INSURER(S) AFFORDING COVERAGE	
		NAIC #	
		INSURER A: Citizens Ins Co of America 31534	
<b>INSURED</b> The Palace Theatre Trust 80 Hanover Street  Manchester NH 03101		INSURER B: Allmerica Financial Benefit 41840	
		INSURER C: Hanover Insurance Group, Inc. 22292	
		INSURER D: FirstComp Ins Co 27626	
		INSURER E:	
		INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER: 15/16 Liability

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 SUBR INSD 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"/> PROJECT <input type="checkbox"/> LOC OTHER:		ZBV9752967	11/1/2015	11/1/2016	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 \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ Included Employee Benefits Liability \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		AWV9764392	11/1/2015	11/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		UHV9752968	11/1/2015	11/1/2016	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
D	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 Y N/A	WC0100588-07 (3a.) NH Officers Excluded - see below	11/1/2015	11/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

RE: The Palace Theatre Banners hung over streets in City of Manchester.

Refer to policy for exclusionary endorsements and special provisions.

Proprietors/Partners/Executive Officers/Members Excluded: Alexander Walker, Chairperson; Wayne Robinson, Vice Chairperson; Mark Laprade, Treasurer, Michael Perrella, Secretary

**CERTIFICATE HOLDER**

pallard2@manchesternh.gov

 City of Manchester  
 One City Hall Plaza  
 Manchester, NH 03101
**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

Pamela Bennett/PXB

*Pamela Bennett*

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# BUSINESS LICENSE APPLICATION

Office of the City Clerk/Business Licensing & Enforcement Division | One City Hall Plaza/Manchester, NH 03101 | (603) 624-6348

Date: 6/28/16 REVISED #7078

### Instructions

- (1) Please return all pages of this application with all applicable information completed.
- (2) Using the worksheet provided, figure the total business license fee.
- (3) Please make checks payable to the "City of Manchester".
- (4) Checks returned by your financial institution are subject to a \$30.00 penalty.
- (5) The licensing year begins May 1<sup>st</sup>. Applications received after this time may be subject to a late charge. New licenses will expire on April 30<sup>th</sup> of the following year, unless the licensed activities are otherwise limited or invalidated by local, state, or federal authority.

## SECTION I. IDENTIFICATION

(A) Applicant: Palace Theatre-David Rousseau

Business Name: Palace Theatre

Business Address: 80 Hanover St.  
(No PO Box)

Manchester NH 03101

Telephone #: 668-5588 x110 Federal Tax ID #: 23-7356019

Manager's Name(s): Peter Ramsey

Email Address(es): peterramsey@palacetheatre.org  
davidrousseau@palacetheatre.org

(B) Property Owner's Name: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_  
(No PO Box)

Property Owner's Phone #: \_\_\_\_\_

(C) As part of the application process, some city departments may need to contact your business to schedule an interview or an inspection. Please identify the person to be contacted and the best time(s) to call.

Contact Person: David Rousseau

Time(s): 8am-5pm Email Address: same as above



# BUSINESS LICENSE APPLICATION

Office of the City Clerk/Business Licensing & Enforcement Division | One City Hall Plaza/Manchester, NH 03101 | (603) 624-6348

Date: \_\_\_\_\_

### Instructions

- (1) Please return all pages of this application with all applicable information completed.
- (2) Using the worksheet provided, figure the total business license fee.
- (3) Please make checks payable to the "City of Manchester".
- (4) Checks returned by your financial institution are subject to a \$30.00 penalty.
- (5) The licensing year begins May 1<sup>st</sup>. Applications received after this time may be subject to a late charge. New licenses will expire on April 30<sup>th</sup> of the following year, unless the licensed activities are otherwise limited or invalidated by local, state, or federal authority.

## SECTION I. IDENTIFICATION

(A) Applicant: JON THOMAS  
 Business Name: LIVE FREE OR DIE TATTOO EXPO  
 Business Address: 179 ELM ST  
 (No PO Box) Manchester NH 03101  
 Telephone #: 603-661-3449 Federal Tax ID #: 20-8486887  
 Manager's Name(s): \_\_\_\_\_  
 Email Address(es): INFO@LIVEFREEORDIE.TATTOO.COM

(B) Property Owner's Name: SAME AS ABOVE  
 Property Owner's Address: \_\_\_\_\_  
 (No PO Box) \_\_\_\_\_  
 Property Owner's Phone #: \_\_\_\_\_

(C) As part of the application process, some city departments may need to contact your business to schedule an interview or an inspection. Please identify the person to be contacted and the best time(s) to call.

Contact Person: JON THOMAS  
 Time(s): 10AM TO 10PM Email Address: INFO@LIVEFREEORDIE.TATTOO.COM

## SECTION II. BUSINESS INFORMATION

**(A) Business Activities: Please check all applicable activities and fill out the appropriate noted sections.**

	AMUSEMENT DEVICE VENDOR-Sections I, II(A), II(B), III, IV(A), IV(C), IV(D) & V
	AMUSEMENT DEVICE VENDOR (OUT OF TOWN)-Sections I, II(A), II(D), III, IV(C)& V
	AMUSEMENT DEVICE-Sections I, II(A), II(C), III, IV(C) & V
	ARCADES (6 OR MORE DEVICES)-Sections I, II(A), II(B), II(C), III, IV(A), IV(C), IV(D)& V
	BANNERS-Sections I(A), II(A) & X
	CHRISTMAS TREES / FUEL WOOD-Sections I, II(A), II(F), III, IV(A) & IV(D)
	DANCE/DANCE HALLS/EPOA CLASS I-Sections I, II(A), II(B), III, IV(A), IV(C), IV(D)& V
	EMPLOYMENT OFFICES-Sections I, II(A), II(B), III, IV(A), IV(D) & V
	ENTERTAINMENT PLACE OF ASSEMBLY CLASS I-Contact MEDO at (603) 624-6505
	ENTERTAINMENT PLACE OF ASSEMBLY CLASS II-Contact MEDO at (603) 624-6505
	ENTERTAINMENT PLACE OF ASSEMBLY CLASS III-Sections I, II(A), II(B), II(E), III, IV(A), IV(B), IV(C), IV(D), & V
	JUNK DEALERS AND SCRAP YARDS-Sections I, II(A), II(F), III and IV(A), IV(C), IV(D) & V
	KIOSK-Sections I, II(A), II(B), III & IV(B) (food only)
	NOISE PERMIT-Sections I, II(A), II(F) & III
	PEDDLERS/HAWKERS-Sections I, II(A), II(E), III, IV(A), IV(B), IV(C), IV(D)& VIII
	PEDDLERS/HAWKERS (CIVIC CENTER)-Sections I, II(A), II(E), III, IV(A), IV(B), IV(C), IV(D)& VIII
	PETTY GROCERS/BUTCHERS-Sections I, II(A), II(B), III, IV(A), IV(B), IV(C), IV(D) & V
	RAFFLE/TAG DAY-Sections I(A), II(A) & XI
	RESTAURANTS / FOOD SERVICE-Sections I, II(A), II(B), III, IV(A), IV(B), IV(C), IV(D) & V
	SECONDHAND DEALERS AND AUCTION HOUSES-Sections I, II(A), II(B), III, IV(A), IV(C), IV(D) & V
	SECONDHAND DEALERS AND AUCTION HOUSES (OUT OF TOWN)-Sections I, II(A), II(D), III, & IV(C)
	SIDEWALK ENCUMBRANCE-Sections I, II(A), II(F), III, IV(A), IV(C), IV(F) & VI
	SIDEWALK SIGNS-Sections I, II(A), II(F), III, IV(A), IV(F) & VII
	SUNDAY ACTIVITIES-Sections I, II(A), II(B), III, IV(A), IV(B), IV(C), IV(D) & V
	TAXICAB COMPANY-Sections I, II(A), II(B), II(F), III, IV(A), IV(C), IV(D), V & IX
	TAXICAB COMPANY (OUT OF TOWN)-Sections I, II(A), II(D), II(F), III, IV(C), & IX
	TOWING-Sections I, II(A), II(B), III, IV(A), IV(C), IV(D)& V
	TOWING (OUT OF TOWN)-Sections I, II(A), II(D), III & IV(C)
	TRANSFER OF BUSINESS (Name Change)-Sections I, II(A), II(G), III, IV(A), IV(B), IV(C), IV(D) & V
	TRANSFER OF BUSINESS (Location Change) -Sections I, II(A), II(G), III, IV(A), IV(B), IV(C), IV(D)& V
	TRANSFERS OF BUSINESS (Ownership Change) -Sections I, II(A), II(G), III, IV(A), IV(B), IV(C), IV(D)& V
	OTHER _____

**SECTION X. MUNICIPAL BANNER LICENSE APPLICATION**

Event: Live Free or Die TATTOO EXPO Event Date: 7/21/17 - 7/23/17

Sponsoring Organization: ANIMAL SHELTER

Contact Person for Event: ION THOMAS

Contact's Phone #: 603-661-3449 Email: INFO @ LIVEFREEORDIE TATTOO.COM

Time Period Requested: 7/10/17 - 7/24/17

Number of cross-street banners (max of two at any given time): 1

**BANNER LOCATION(S) FEES**

Elm and Bridge Streets	\$500.00
Elm and Pleasant Streets	\$500.00
Hanover and Chestnut Streets	\$125.00
Kelley and Dubuque Streets	\$125.00

In the area below, illustrate (or attach to this application) exactly how your banner will appear:

See Attachment

Signature of responsible party indicating that you have read the City of Manchester Municipal Banner Policy (available at [www.manchesternh.gov/banner](http://www.manchesternh.gov/banner)):

Signature: [Handwritten Signature]

Date: 8/3/16

Office Use Only

Date Received: \_\_\_\_\_ Committee Review: \_\_\_\_\_ Committee Action: \_\_\_\_\_  
 Insurance Carrier: \_\_\_\_\_ Fee Submitted: \_\_\_\_\_

The Banner will be the same just the date will  
be different

11th August July 21st and 23rd 2017



9th August  
**LIVE FREE OR DIE TATTOO**  
JULY 24TH, 25TH & 26TH 2015  
Radisson Hotel  
700 Elm St.  
Manchester, NH 03101



STATE OF NEW HAMPSHIRE  
MANCHESTER  
AMNH SHANTER



# BUSINESS LICENSE APPLICATION

Office of the City Clerk/Business Licensing & Enforcement Division | One City Hall Plaza/Manchester, NH 03101 | (603) 624-6348

Date: 08-01-16

### Instructions

- (1) Please return all pages of this application with all applicable information completed.
- (2) Using the worksheet provided, figure the total business license fee.
- (3) Please make checks payable to the "City of Manchester".
- (4) Checks returned by your financial institution are subject to a \$30.00 penalty.
- (5) The licensing year begins May 1<sup>st</sup>. Applications received after this time may be subject to a late charge. New licenses will expire on April 30<sup>th</sup> of the following year, unless the licensed activities are otherwise limited or invalidated by local, state, or federal authority.

## SECTION I. IDENTIFICATION

(A) Applicant: Hope for New Hampshire Recovery  
 Business Name: Hope for New Hampshire Recovery  
 Business Address: 140 central st. manchester, NH  
 (No PO Box) 03103  
 Telephone #: 603-935-7524 Federal Tax ID #: \_\_\_\_\_  
 Manager's Name(s): Kelly Riley, melissa crews  
 Email Address(es): Kelly@recoverynh.org, Nate Bolter@recoverynh.org  
melissa.crews@recoverynh.org

(B) Property Owner's Name: Helping Hands  
 Property Owner's Address: 50 Lowell St. manchester, NH 03103  
 (No PO Box)  
 Property Owner's Phone #: 603-275-1757

(C) As part of the application process, some city departments may need to contact your business to schedule an interview or an inspection. Please identify the person to be contacted and the best time(s) to call.

Contact Person: Nate Bolter / Kelly Riley  
 Time(s): M-F (8am - 4pm) Email Address: Nate Bolter@recovery NH.org

**SECTION II. BUSINESS INFORMATION**

(A) Business Activities: Please check all applicable activities and fill out the appropriate noted sections.

<input type="checkbox"/>	AMUSEMENT DEVICE VENDOR-Sections I, II(A), II(B), III, IV(A), IV(C), IV(D) & V
<input type="checkbox"/>	AMUSEMENT DEVICE VENDOR (OUT OF TOWN)-Sections I, II(A), II(D), III, IV(C)& V
<input type="checkbox"/>	AMUSEMENT DEVICE-Sections I, II(A), II(C), III, IV(C) & V
<input type="checkbox"/>	ARCADES (6 OR MORE DEVICES)-Sections I, II(A), II(B), II(C), III, IV(A), IV(C), IV(D)& V
<input checked="" type="checkbox"/>	BANNERS-Sections I(A), II(A) & X
<input type="checkbox"/>	CHRISTMAS TREES / FUEL WOOD-Sections I, II(A), II(F), III, IV(A) & IV(D)
<input type="checkbox"/>	DANCE/DANCE HALLS/EPOA CLASS I-Sections I, II(A), II(B), III, IV(A), IV(C), IV(D)& V
<input type="checkbox"/>	EMPLOYMENT OFFICES-Sections I, II(A), II(B), III, IV(A), IV(D) & V
<input type="checkbox"/>	ENTERTAINMENT PLACE OF ASSEMBLY CLASS I-Contact MEDO at (603) 624-6505
<input type="checkbox"/>	ENTERTAINMENT PLACE OF ASSEMBLY CLASS II-Contact MEDO at (603) 624-6505
<input type="checkbox"/>	ENTERTAINMENT PLACE OF ASSEMBLY CLASS III-Sections I, II(A), II(B), II(E), III, IV(A), IV(B), IV(C), IV(D), & V
<input type="checkbox"/>	JUNK DEALERS AND SCRAP YARDS-Sections I, II(A), II(F), III and IV(A), IV(C), IV(D) & V
<input type="checkbox"/>	KIOSK-Sections I, II(A), II(B), III & IV(B) (food only)
<input type="checkbox"/>	NOISE PERMIT-Sections I, II(A), II(F) & III
<input type="checkbox"/>	PEDDLERS/HAWKERS-Sections I, II(A), II(E), III, IV(A), IV(B), IV(C), IV(D)& VIII
<input type="checkbox"/>	PEDDLERS/HAWKERS (CIVIC CENTER)-Sections I, II(A), II(E), III, IV(A), IV(B), IV(C), IV(D)& VIII
<input type="checkbox"/>	PETTY GROCERS/BUTCHERS-Sections I, II(A), II(B), III, IV(A), IV(B), IV(C), IV(D) & V
<input type="checkbox"/>	RAFFLE/TAG DAY-Sections I(A), II(A) & XI
<input type="checkbox"/>	RESTAURANTS / FOOD SERVICE-Sections I, II(A), II(B), III, IV(A), IV(B), IV(C), IV(D) & V
<input type="checkbox"/>	SECONDHAND DEALERS AND AUCTION HOUSES-Sections I, II(A), II(B), III, IV(A), IV(C), IV(D) & V
<input type="checkbox"/>	SECONDHAND DEALERS AND AUCTION HOUSES (OUT OF TOWN)-Sections I, II(A), II(D), III, & IV(C)
<input type="checkbox"/>	SIDEWALK ENCUMBRANCE-Sections I, II(A), II(F), III, IV(A), IV(C), IV(F) & VI
<input type="checkbox"/>	SIDEWALK SIGNS-Sections I, II(A), II(F), III, IV(A), IV(F) & VII
<input type="checkbox"/>	SUNDAY ACTIVITIES-Sections I, II(A), II(B), III, IV(A), IV(B), IV(C), IV(D) & V
<input type="checkbox"/>	TAXICAB COMPANY-Sections I, II(A), II(B), II(F), III, IV(A), IV(C), IV(D), V & IX
<input type="checkbox"/>	TAXICAB COMPANY (OUT OF TOWN)-Sections I, II(A), II(D), II(F), III, IV(C), & IX
<input type="checkbox"/>	TOWING-Sections I, II(A), II(B), III, IV(A), IV(C), IV(D)& V
<input type="checkbox"/>	TOWING (OUT OF TOWN)-Sections I, II(A), II(D), III & IV(C)
<input type="checkbox"/>	TRANSFER OF BUSINESS (Name Change)-Sections I, II(A), II(G), III, IV(A), IV(B), IV(C), IV(D) & V
<input type="checkbox"/>	TRANSFER OF BUSINESS (Location Change) -Sections I, II(A), II(G), III, IV(A), IV(B), IV(C), IV(D)& V
<input type="checkbox"/>	TRANSFERS OF BUSINESS (Ownership Change) -Sections I, II(A), II(G), III, IV(A), IV(B), IV(C), IV(D)& V
<input type="checkbox"/>	OTHER _____

**SECTION X. MUNICIPAL BANNER LICENSE APPLICATION**

Event: 2016 Rally 4 Recovery - New Hampshire Event Date: 09-17-16

Sponsoring Organization: Hope for New Hampshire Recovery

Contact Person for Event: Melissa Crews/Nate Bolter

Contact's Phone #: 603-935-7524 Email: melissa.crews@recoverynh.org

Time Period Requested: 09-05-16 / 09-17-16

Number of cross-street banners (max of two at any given time): Hanover 3 Kelley

**BANNER LOCATION(S) FEES**

Elm and Bridge Streets	\$500.00
Elm and Pleasant Streets	\$500.00
Hanover and Chestnut Streets	\$125.00
Kelley and Dubuque Streets	\$125.00

In the area below, illustrate (or attach to this application) exactly how your banner will appear:

Signature of responsible party indicating that you have read the City of Manchester Municipal Banner Policy (available at [www.manchesternh.gov/banner](http://www.manchesternh.gov/banner)):

Signature:  Date: 08-01-16

*Office Use Only*

Date Received: \_\_\_\_\_ Committee Review: \_\_\_\_\_ Committee Action: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ Fee Submitted: \_\_\_\_\_

JOIN THE VOICES  
FOR RECOVERY.  
OUR FAMILIES,  
OUR STORIES,  
OUR RECOVERY!

3<sup>RD</sup> ANNUAL

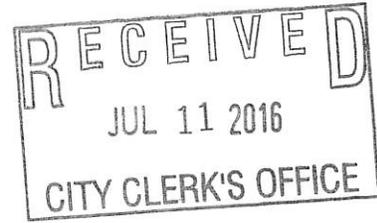
# WALLY 4 RECOVERY NH

**Saturday, September 17, 2016**

11:30am - 4:30pm | Veteran's Memorial Park, Manchester

**HOPE**  
for NEW HAMPSHIRE  
An affiliate of  
Face It TOGETHER

Manchester City Clerk  
Matthew Normand  
One City Hall Plaza  
Manchester, NH 03101



Re: New Manchester Flag

July 11, 2016

Dear Clerk Normand,

I would like the attached documents forwarded to the Committee on Administration. After meeting with a constituent and discussing the possibility of creating a simplified and unique Manchester Flag, I was persuaded that this would be a unifying exercise for all who treasure our great city.

I would make myself available at the Administration Committee to discuss further this exciting and unifying initiative.

Best,

A handwritten signature in cursive script, appearing to read "Pat Long".

Pat Long

Alderman Ward 3

# Manchester Waves

*A new flag design movement for NH's largest city*

## Why a new flag?

- To help enhance the city's marketing efforts & benefit economic development endeavors
- Encourage increased economic activity by using the new design on promotional materials for business (brochures, websites) and tourism (stickers, t-shirts, etc.)
- Encourage community involvement by inviting residents to submit their best designs
- Attract positive media attention statewide, and possibly beyond
- Better adhere to the "5 basic rules for good flag design" as put forth by the North American Vexillological Association (NAVA)
- Unify all residents under an iconic flag that will become a source of Manchester pride

## Why now?

- Cities nationwide have begun to recognize the economic potential of new flag designs, bringing communities together in the process
- In a 2004 survey, Manchester's flag ranked 118th of 150 US city flags
- South Bend, IN (similar population to Manchester), just completed a contest that saw significant community involvement, and a new flag:
- Other cities considering flag redesigns include Milwaukee, Portland (ME) and Lowell (MA).



## Where do we go from here?

- As of April 2016, I've been working to get buy-in from city stakeholders; so far, leaders from the Historic Association, C of C, and NH Institute of Art have expressed support.
- With the backing of the Board of Mayor and Aldermen, my hope is to hold a flag design contest sometime in 2016; the ultimate goal is to enhance Manchester's visibility under a fresh flag design that better symbolizes our extraordinary city!

For more information, please visit [www.mhtflag.weebly.com](http://www.mhtflag.weebly.com)

Or contact Adam Hlasny at [ahlasny@yahoo.com](mailto:ahlasny@yahoo.com)

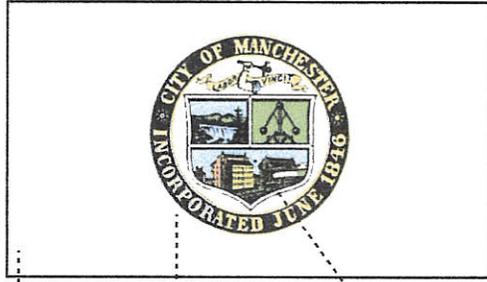


# Manchester Waves

Help design a **better flag** for New Hampshire's largest city!

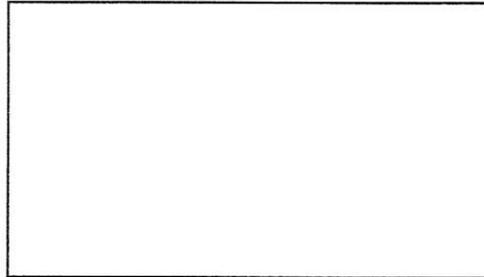
1. Sketch an idea in the space provided. A good flag should be simple and intuitive enough that a child could hand-draw it!
2. Send your ideas (including descriptions!) to [ahlasny@yahoo.com](mailto:ahlasny@yahoo.com)
3. Read more or watch for updates at [mhtflag.com](http://mhtflag.com)

## Current Flag



- White field that lacks meaning
- Text that is illegible at a distance, & with a number of interpretations
- Seal with hard to decipher or dated imagery.

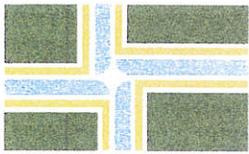
## Your Flag Idea



## Guidelines

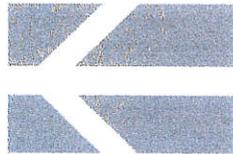
1. **Keep it Simple:** A flag should be so simple that it can be drawn from memory.
2. **Use Meaningful Symbolism:** A flag's images, colors, or patterns should relate to what it symbolizes
3. **Use 2-3 Basic Colors:** Limit the number of colors on the flag to three, which contrast well and come from the standard color set
4. **No Lettering or Seals:** Never use writing of any kind or an organization's seal. These can't be understood at a distance.
5. **Be Distinctive or Related:** Avoid duplicating other flags, but use similarities to show connections

### Colors



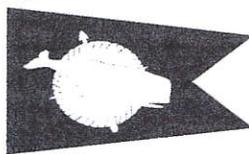
Colors should reflect the region & represent or convey emotion. **Portland, OR's** flag has green for forest, blue for rivers and yellow for wheat.

### Shapes



Shapes such as stars and stripes are very common in flag design. **Lawrence, MA's** flag has white stripes to represent the Spicket, Merrimack and Shawshen Rivers and their respective courses.

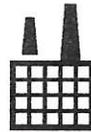
### Symbols



Symbols can be anything related to a city. Just keep it simple and easy to recognize! **Nantucket, MA's** flag has a whale and harpoon shown prominently to show the town's whaling industry history.

### What is Manchester to you?

What do you see as Manchester's most prominent or notable features? How would you design a flag, keeping in mind that simpler is better? Here are a few example symbols...



Millyard



Spindles



Textiles



City Hall



Merrimack River



Manchvegass



Combined Cultures



French Heritage



Brady Sullivan Tower



Amoskeag Falls/Fishing



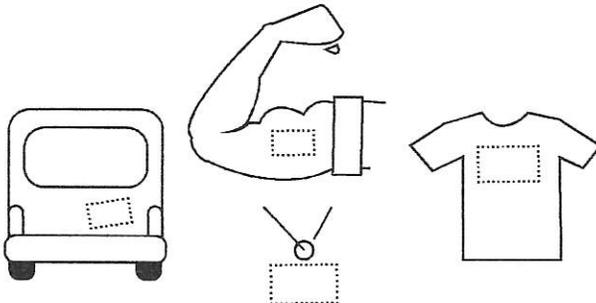
Adam Sandler



Arts & Tech

### Beyond the Flagpole

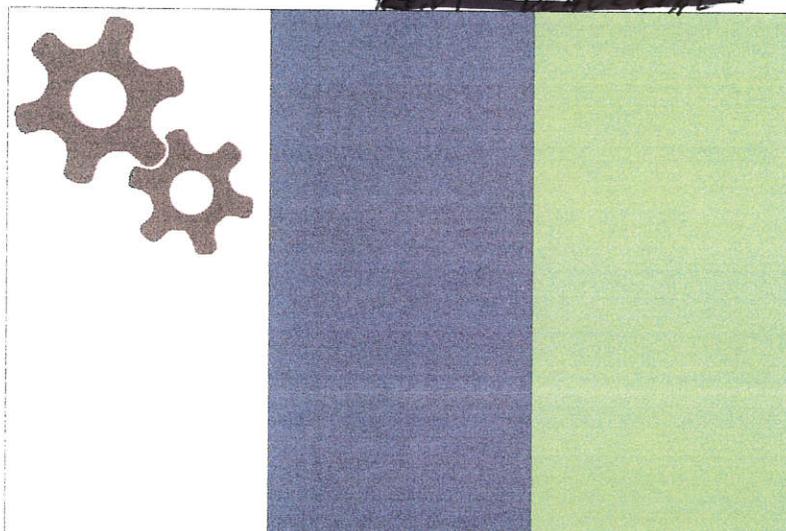
A flag is successful when people want it on things they own...or even themselves!



Facebook:  
[Facebook.com/mhtflag](https://www.facebook.com/mhtflag)

Email:  
[ahlasny@yahoo.com](mailto:ahlasny@yahoo.com)

By submitting your ideas, you are donating concepts to the Manchester Waves project. No concepts will be copyrighted. Any final design will be open to use for anyone who wants to do so.



**This proposed flag pays respect to Manchester's attributes, highly symbolic despite its simplicity.**

- The vertical tricolor design is a tribute to Manchester's French, French-Canadian, and Irish heritage.
- The brick-colored gears represent the industry and hard work that made (and continue to make) Manchester great. They each have six teeth, in sum representing Manchester's 12 wards, working in cooperation to propel the city forward.
- The blue center stripe represents the Merrimack River running through the city, centrally important historically and today. The blue shade is very similar to that of New Hampshire's flag.
- The green stripe represents the city's 900+ acres of parks & green spaces, and its appreciation for and preservation of natural areas.
- In addition to symbolizing Manchester's past, present, and future, it also meets all five criteria of successful flag design, according to the North American Vexillological Association (NAVA).

**Five Basic Principles of Great Flag Design**

1. **Keep It Simple.** The flag should be so simple that a child can draw it from memory...
2. **Use Meaningful Symbolism.** The flag's images, colors, or patterns should relate to what it symbolizes...
3. **Use 2 or 3 Basic Colors.** Limit the number of colors on the flag to three which contrast well and come from the standard color set...
4. **No Lettering or Seals.** Never use writing of any kind or an organization's seal...
5. **Be Distinctive or Be Related.** Avoid duplicating other flags, but use similarities to show connections...

<http://www.ausflag.com.au/assets/images/Good-Flag-Bad-Flag.pdf>

## Municipal Flag Improvement (as of May 2016)

Thanks in large part to a popular 2015 TED talk by Roman Mars (and Ted Kaye) on the shortcomings of many city flag designs, there are efforts in many US (and one Canadian) cities, towns, or other municipalities to improve their flag designs — or to adopt flags for the first time.

Here are the 42 efforts we know about so far:

Albany, OR;	Fargo, ND;	Portland, ME;
Albuquerque, NM;	Grand Rapids, MI;	Provo, UT;
Atlanta, GA;	Hunstville, AL;	Raleigh, NC;
Austin, TX;	Lancaster, PA;	Rochester, MN;
Bath, ME;	Liberty, TX;	Salem, OR;
Billings, MT;	Los Angeles, CA;	San Francisco, CA;
Birmingham, AL;	Lowell, MA;	San Marcos, TX;
Bloomington, IN;	Manchester, NH;	Sioux Falls, SD;
Boston, MA;	Manlius, NY;	South Bend, IN;
Bowling Green, KY;	Milwaukee, WI;	Springfield, MO;
Columbia, MO;	Minneapolis, MN;	Sunnyvale, TX;
Columbus, OH;	Naperville, IL;	Syracuse, NY;
Dallas, TX;	Oklahoma City, OK;	Tampa, FL; and
El Paso, TX;	Pocatello, ID;	Victoria, BC.

Thirty-seven of these efforts are ongoing. For Bath, Liberty, Provo, South Bend, and Sunnyvale efforts have succeeded in new flags being adopted.

For links to these cities' improvements:

<https://portlandflag.org/municipal-flag-improvement/>

# KJK WIRELESS

8 Providence Avenue  
Falmouth, ME 04105

Site Acquisition, Leasing and Zoning

Phone: 207-899-8544  
Fax: 603-386-6106

Honorable Board of Mayor and Aldermen  
One City Hall Plaza  
Manchester, NH 03101  
July 21, 2016

RE: US Cellular's Request to Extend its Lease to Operate Telecommunications Antennas and Equipment at the Hackett Hill Water Tank, 220 Hackett Hill Road

Dear Honorable Board of Mayor and Aldermen:

NH #1 Rural Cellular, Inc. ("US Cellular") proposes to extend its lease with the City of Manchester to continue operating its cell site at the Hackett Hill Water Tank.

Since 1997, US Cellular has operated a cell site including antennas, cables and an equipment shelter at the water tank pursuant to its lease with the City of Manchester. The lease is expiring soon so US Cellular simply proposes to extend the lease 20-years, similar to the original lease term, and to clarify a 3% annual rent increase. All other terms in the original lease will remain unchanged.

The proposed extension will be pursuant to the attached *Amendment Three to Lease Agreement* which has been approved by city staff.

Accordingly, US Cellular requests the City of Manchester to execute, notarize and return to the above address two (2) copies of *Amendment Three to Lease Agreement*.

Thank you for your consideration.

Sincerely,



Bob Gashlin  
For US Cellular

cc: William Craig, Director, Economic Development Office  
Ken Kozyra, KJK Wireless

**AMENDMENT NUMBER THREE  
to Lease Agreement**

THIS AMENDMENT, made the \_\_\_\_ day of \_\_\_\_\_, 2016, modifies that certain Lease Agreement (“Lease”) dated the 18<sup>th</sup> day of December 1997, by and between the **City of Manchester**, successor in interest to the University of New Hampshire of the University System of New Hampshire and the Manchester Housing and Redevelopment Corporation, having an address of One City Hall Plaza, Manchester, New Hampshire 03101, hereinafter referred to as “Lessor,” and **NH #1 Rural Cellular, Inc.**, a New Hampshire corporation, successor in interest to Manchester-Nashua Cellular Telephone, L.P., having an address at Attention: Real Estate Lease Management, 8410 West Bryn Mawr Avenue, Chicago, Illinois 60631, hereinafter referred to as “Lessee.”

WHEREAS, Lessor and Lessee entered into this Lease to allow Lessee to locate a telecommunications facility at Lessor’s water tank located in the City of Manchester, Hillsborough County, State of New Hampshire, at Latitude 43-1-53 and Longitude 71-29-42 (NAD 83) (the “Premises”) and;

WHEREAS, Lessor and Lessee entered into Amendment Number One dated May 15, 2003 and Amendment Number Two dated April 13, 2012 which modified the lease and;

WHEREAS, the Lease expires on December 18, 2017 and both parties have determined that the Lease needs to be amended to extend the lease and;

NOW THEREFORE, in consideration of these presents, the parties hereby agree that the Lease is now modified as follows:

I. Section 2, Term, is hereby supplemented with the following language:

The Term shall be extended for five years commencing on December 18, 2017. Lessee shall have the option to renew this Lease for three (3) additional terms of five years each; and each such option shall be presumed to have been exercised by Lessee unless it provides Lessor written notice stating its election not to renew this lease for such additional term at least thirty (30) days prior to the commencement of such renewal term.

II. Section 4a, Rent, is hereby supplemented with the following language:

Beginning December 18, 2017, and thereafter on every anniversary of the Commencement Date, throughout the duration the Lease as renewed and extended, the rent shall be increased by three percent (3%) over the previous year’s rent.

III. In all other respects the Lease is hereby ratified and affirmed without change.

[END OF AMENDMENT - SIGNATURE PAGE FOLLOWS]







**Sprint – Property Services**

Mailstop: KSOPHT0101-Z2650

6391 Sprint Parkway

Overland Park, KS 66251

(800) 357 – 7641

[LandlordSolutions@Sprint.com](mailto:LandlordSolutions@Sprint.com)

July 11, 2016

City of Manchester

Board of Mayor and Aldermen

One City Hall Plaza

Manchester, NH 03101

Attn. Matthew Normand, City Clerk & William Craig, Director of Economic Development

**Re:** Agreement: Lease Agreement between University of New Hampshire (“Lessor”) and Sprint Spectrum L.P. (“Sprint/Nextel” or “Tenant”), dated August 29, 1997.  
Landlord/Lessor/Owner: University of New Hampshire  
Tenant/Lessee (“Sprint”): Sprint Spectrum Realty, L.P.  
Sprint Site ID: NM03XC009  
Landlord/Lessor/Owner Site ID: 230 Hackett Hill Road Manchester, NH (Water tower)

Dear Honorable Board of Mayor and Aldermen:

Sprint would like to thank you for your continued support and partnership in delivering Mobile Data and Voice from Sprint’s wireless network.

Our records indicate that the above referenced Agreement expires on August 29, 2017. I have been in contact with Mr. Craig to discuss extending the term of the Agreement. During our conversation Mr. Craig had indicated that a proposal must be presented to the Board of Mayor and Aldermen, please find our initial proposal to the city of Manchester to extend the existing Lease Agreement dated August 29, 1997.

Term: Per section 2 of the Lease Agreement: The renewal term of this lease shall be five (5) years and commence on August 29, 2017. The Lessee shall have the option to renew the term for three (3) additional terms of five (5) years each; and each such option shall be presumed to have been exercised by the Lessee unless it provides the City of Manchester written noticing stating its election not to renew this agreement for such additional term at least thirty (30) days prior to the commencement of such renewal term.

Termination: per Section 3A of the Agreement is amended by adding the following: Sprint may terminate this Agreement without further liability upon 30 days prior written notice to Owner if Sprint determines, in Sprint’s sole and absolute discretion, that the Site is neither appropriate or necessary for its intended operations for technological reasons.

At this time all other terms and conditions shall remain the same unless Sprint or the City of Manchester indicates they wish to discuss further.

Please advise if the City of Manchester will provide the amendment template for Sprint’s review and consideration and subsequent legal review. I can be reached at 781-494-0503 should we need to discuss this further. I look forward with working with the City of Manchester on securing a new Agreement on behalf of Sprint.

Sincerely,

*Thomas J. Shevlin*

Thomas Shevlin

Network Project Manager-Boston/VT, NH, Maine Markets

O: 781-494-0503 / M: 203-885-5036

[thomas.shevlin@sprint.com](mailto:thomas.shevlin@sprint.com)