



MANCHESTER, NH

SPECIAL EVENT APPLICATION

Applicant Information

Today's Date: _____ Event Date: _____

Name of Event: Hanover St Closure Event Location: Hanover St from Chestnut to

Organization Name: Hanover St Closure For Profit Non-Profit Tax ID # Nutfield (see attached) #1

Event Website: _____ Organization Website: _____

Address: _____ City, State, & Zip Code: _____

Event Contact: First Ann Last: Mastersen

Mailing Address: 100 Hanover St

City: Manchester State: NH Zip Code: 03101

Phone: 978 852 1637 Mobile: _____ E-mail: ann@hookedonignite.com

Please complete if different from above:

Business Known As _____ Legal Name of Business _____

Street Address _____ Zip Code _____

Business Telephone _____ Business Fax _____

Business Owner _____ Business Owner's Address _____

Business Owner's Telephone _____ Business Owner's Date of Birth _____

Building Owner _____ Building Owner Address _____

Building Owner's Telephone _____

Event Information & History

Has this Event previously received an Event Permit from The City of Manchester? Yes No Prior Permit #: _____

Is this an Annual Event? Yes No Do you plan to hold this event next year? Yes No

If this is a repeat event, do you plan to change the location or adjust route? Yes No If yes, please describe these changes in the narrative portion of the application.

Type of Event: Revenue Generating Non-Revenue Generating Event is: Gated/Ticketed Open to Public Private

Estimated Number of Event Staff: _____

Event Purpose: bring people to manchester Estimated Number of Attendees: 100

Event Day "On-Site" Contact: Ann Mastersen Mobile: 978-852-1637

If your event is open to the public, please check all advertisement methods you plan to utilize: Print TV Radio Internet Billboards Posters Other

Event Set Up Date: _____ Time: 6 a.m. p.m.

Event Start Date: _____ Time: 6 a.m. p.m.

Event End Date: _____ Time: _____ a.m. p.m.

Event Break Down Date: _____ Time: _____ a.m. p.m.

RECEIVED

APR 20 2015

BY: meDO

2014 last year

Start END
7/4/14 - 8/30/14
Fri and Sat only till 3am

(see attached BMA approval attachment # 2)

Attachment # 1

City of Manchester, NH - Public GIS Map Viewer - Windows Internet Explorer
http://208.82.76.123/arcgis/arcgis/rest/services/75/LAYERS/07/PROXYGROUP/Default.html?_lang=en

Manchester, NH
Public GIS Map Viewer

Quick Maps: Default Map | More Tools: Select | Set Scale

Search:
By Parcel Address
House No: 100
Street Name: hanover
Find It

Selection Cleared

Streets shown: AMHERST ST, STARK ST, DERRYFIELD LN, CHESTNUT ST, UNITED WAY, MARKET ST, CITY HALL PLZ, HAMPSHIRE LN, ELM ST, HANOVER ST, LONDONDERRY LN, PRIVATE, MIDDLE ST, DEAN AVE, MANCHESTER ST, NUTFIELD LN.

Parcel numbers visible: 154-1, 154-2, 154-3, 154-4, 154-5, 154-6, 154-7, 154-8, 154-9, 154-10, 154-11, 154-12, 154-13, 154-14, 154-15, 154-16, 154-17, 154-18, 154-19, 154-20, 154-21, 154-22, 154-23, 154-24, 154-25, 154-26, 154-27, 154-28, 154-29, 154-30, 154-31, 154-32, 154-33, 154-34, 154-35, 154-36, 154-37, 154-38, 154-39, 154-40, 154-41, 154-42, 154-43, 154-44, 154-45, 154-46, 154-47, 154-48, 154-49, 154-50, 154-51, 154-52, 154-53, 154-54, 154-55, 154-56, 154-57, 154-58, 154-59, 154-60, 154-61, 154-62, 154-63, 154-64, 154-65, 154-66, 154-67, 154-68, 154-69, 154-70, 154-71, 154-72, 154-73, 154-74, 154-75, 154-76, 154-77, 154-78, 154-79, 154-80, 154-81, 154-82, 154-83, 154-84, 154-85, 154-86, 154-87, 154-88, 154-89, 154-90, 154-91, 154-92, 154-93, 154-94, 154-95, 154-96, 154-97, 154-98, 154-99, 154-100.

Scale: 100%
3:02 PM
4/3/2015

To the Board of Mayor and Aldermen of the City of Manchester:

The Committee on Public Safety, Health and Traffic respectfully recommends, after due and careful consideration, that Hanover Street be closed to through traffic every Friday and Saturday beginning on Friday, July 4, 2014 and concluding Saturday, August 30, 2014; the street would close at 6:00 p.m. and open at 3:00 a.m.; businesses are permitted to extend only through the parking spaces on the street; police detail be required; and all City approved events affecting Hanover Street take precedent over the Hanover Street Closing Association.

(Unanimous vote)

Respectfully submitted,



Clerk of Committee

At a meeting of the Board of Mayor and Aldermen held May 20, 2014, on a motion of Alderman Long, duly seconded by Alderman Ludwig, the report of the Committee was accepted and its recommendations adopted.



City Clerk

Attachment #3



CITY OF MANCHESTER

Board of Aldermen



MEMORANDUM

To: Committee on Public Safety, Health & Traffic
Aldermen Katsiantonis, Roy, Gamache, and Barry

From: Alderman Pat Long *Pat Long*
Ward 3 Alderman and Committee Member

Date: May 14, 2014

Re: Closing of Hanover Street

At our previous committee meeting, we approved a Hanover Street Closing Association request to close a portion of Hanover Street from June 6th through October 25th, on Fridays and Saturdays from 5:30 p.m. to 2:00 a.m. I would like the committee members to discuss reconsidering that previous vote so that we can provide clarification that this street closing program will not interfere with other initiatives that may take place on Hanover Street; that the street closing should not commence until 6:00 p.m.; that all outside entertainment end by 11:00 p.m.; and that the duration of the program should conclude on August 30th.

I am aware of a 5K road race on June 21st that has been in the planning stages for several weeks and will include a portion of Hanover Street. It is my opinion that other events that may conflict with the street closing requested by the Hanover Street Association still bring excitement and value to the downtown merchants and should be encouraged.

Thank you for your favorable consideration.

7. Communication from Alderman Long requesting reconsideration of the previous vote to close Hanover Street on Friday and Saturday nights.

Alderman Long stated the initial request was submitted by a new owner who wasn't familiar with the association aspect of what we had set up so they didn't meet with all of the businesses. Mr. Craig went around to all of the businesses and let them know that we would be having a meeting and we had that meeting. We came up with the following plan. The street would be closed from July 4 through August 20. The streets would be closed from 6 PM until 3AM. They are only allowed to extend again to their parking spot on the face of their building. They can extend out through the parking spot, which is delineated by the lines. Of course there is a detail required and Sgt. Vincent will determine what they will need. Any other event approved by the Board of Mayor and Aldermen will take precedence. For example, if somebody comes in with some event and they want to close Hanover Street and we approve it that will take precedence over the association's event.

Alderman Long moved to allow Hanover Street to be closed to through traffic every Friday and Saturday beginning on Friday, July 4, 2014 and concluding on Saturday, August 30, 2014; the street would close at 6 PM and open at 3 AM; businesses are permitted to extend only through the parking spaces on the street; police detail is required; and all board approved events will take precedent over the Hanover Street Closing Association. Alderman Roy duly seconded the motion.

City Clerk Normand stated before you take that vote I would like to ask one thing. Some of the events do not come before this board. For instance, the 5K road race that starts and stops on Hanover Street on the 21st is a street closure pursuant to the

police authority. That would not come to this board. To clarify your motion you said board approval.

Alderman Long asked so would it be police approval?

City Clerk Normand responded we could leave it as City approved events affecting Hanover Street. Certainly we can provide notification to the board but if it is going to require board approval, some of those events don't come before the board.

Alderman Roy asked do we need a motion for that?

City Clerk Normand stated you can just amend the original motion so you can take the vote on the motion as amended.

Chairman Katsiantonis called for a vote on the motion as amended. There being none opposed, the motion carried.

To the Board of Mayor and Aldermen of the City of Manchester:

The Committee on Public Safety, Health and Traffic respectfully recommends, after due and careful consideration, that the request from Melissa Crews of the Hanover Street Closing Association, for closure of Hanover Street to through traffic every Friday and Saturday from 5:30 p.m. until 2:00 a.m. beginning on Friday, June 6, 2014 through Saturday, October 25, 2014 be approved.

(Unanimous vote)

Respectfully submitted,



Clerk of Committee

In Board of Mayor and Aldermen

Date: 5/20/14

On motion of Ald. Roy

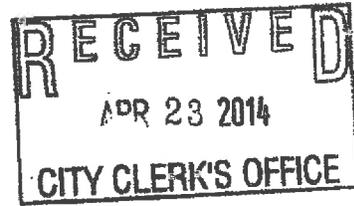
Seconded by Ald. Long

Voted to receive and file.



City Clerk

Hanover Street Closing Association
100 Hanover Street
Manchester, NH 03101



City Clerk,
City of Manchester,
One City Hall Plaza,
Manchester, NH 03101.

April, 21st. 2014
Re: Hanover Street Closure

The Hanover Street Closing Association requests to have Hanover Street to be closed to through traffic every Friday and Saturday from 5:30 pm to 2 am beginning Friday May 6th. 2014 through Saturday October 25th. 2014.

The City has approved this for the past two years and it has proven to be successful and safe without any incident.

Sincerely,

A handwritten signature in cursive script that reads "Melissa Crews".

Melissa Crews

Cc. Pat Long



MANCHESTER, NH

SPECIAL EVENT APPLICATION

Classification of Event

See Manchester Special Event Guide Page 4

Please provide a brief description of your proposed event here.

Note: You are also encouraged to attach a brief event narrative so that all departments may best understand your event request.

street closure to allow buisnesses to be open in the street
Friday + Saturday nights 6m-3am
see attachment #2

Select one that most closely matches your event:

- Block Party (Site Plan Required)**
Means an organized neighborhood or public gathering on a public right-a-way (street, sidewalk, or alley) on a specified date at a specified time and place between the hours permitted by Code for a **non-commercial gathering**.
- Road Festival (Site Plan Required)**
Means an organized neighborhood or public gathering on a public right-a-way (street, sidewalk, or alley) on a specified date at a specified time and place between the hours permitted by Code for a **commercial gathering**.
- Organized Competitive Event (Site Plan and Route Map Required)**
Means any planned race, walk, or event, whether human powered or otherwise, that involves a contest of skill(s) and/or strength and takes place upon public right-of-way, park, or both.

Type of Organized Competitive Event: (choose one below)

Road Race Walk Other Is this event timed? ___ Yes ___ No

Where will your event's formal start and finish line be located?

Starting Line: _____ Finish Line: _____

- Procession/Parade/Walk (Site Plan and Route Map Required)**
Means a public march, run, cortege, walk, cavalcade, autocade, parade of any kind, other gathering of persons that occurs upon public right-of-way, park or both that is used for vehicular traffic.

Is the route ___ Inside Downtown ___ Outside Downtown

- Public Assembly (Appendix A)**
Means any public gathering of persons upon right-of-way, park space, or both that **does not affect vehicular traffic** or require road closures

Parks & Recreation

See Manchester Special Event Guide Page 16

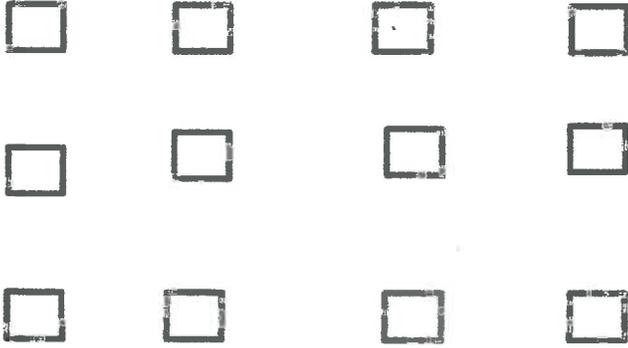
Location (if applicable)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Arms Park | <input type="checkbox"/> JFK Ice Arena | <input type="checkbox"/> Piscataquog River Park | <input type="checkbox"/> Thibeault Field |
| <input type="checkbox"/> Bronstein Park | <input type="checkbox"/> Gill Stadium | <input type="checkbox"/> Pulaski Park | <input type="checkbox"/> Veteran's Memorial Park |
| <input type="checkbox"/> City Hall Plaza | <input type="checkbox"/> Kalivas Park | <input type="checkbox"/> Sheridan-Emmett Park | <input type="checkbox"/> Victory Park |
| <input type="checkbox"/> Crystal Lake Park | <input type="checkbox"/> Lafayette Park | <input type="checkbox"/> Stanton Plaza | <input type="checkbox"/> Wagner Park |
| <input type="checkbox"/> Derryfield Park | <input type="checkbox"/> Livingston Park | <input type="checkbox"/> Sweeney Park | <input type="checkbox"/> Weston Tower |
| | | | Other: _____ |

N/A

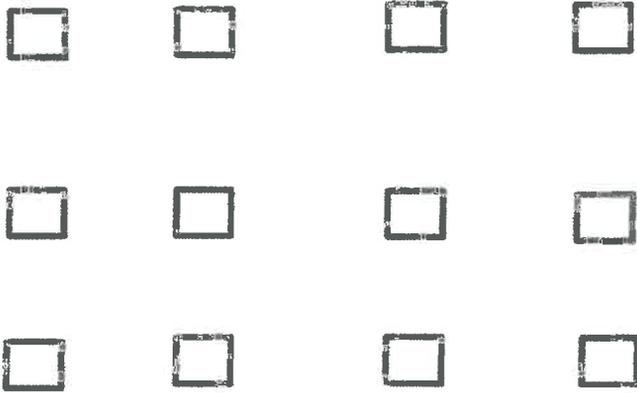
If "Other," please describe: _____

HOOKED
SEAFOOD
48 SEATS



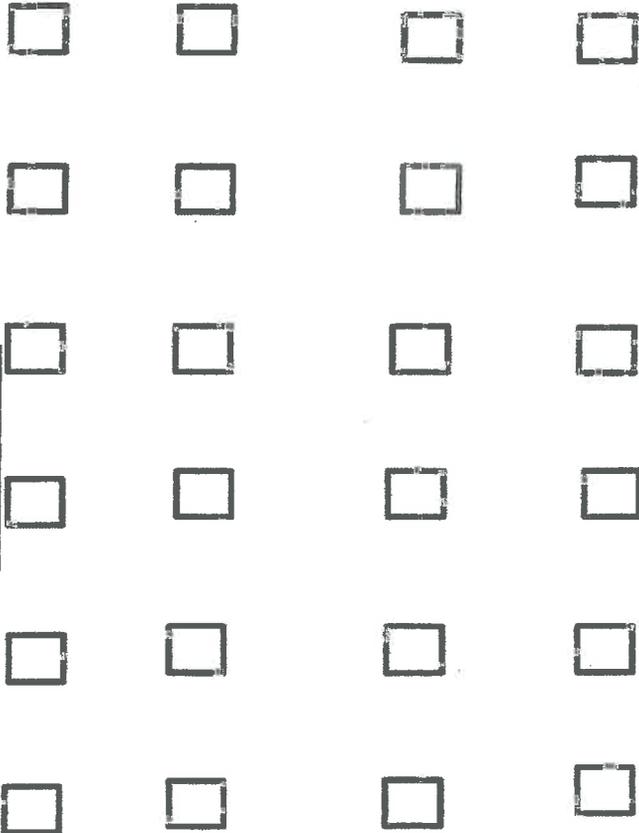
Hanover Street
Extended Patio
Seating

IGNITE
BAR &
GRILLE
48
SEATS



FIRE
LANE

PENUCHES
GRILL
75 SEATS





SPECIAL EVENT APPLICATION

Site Plan and Event Components

See Manchester Special Event Guide Page 6

Please provide a detailed Site Plan by completing Appendix A, which can be found on Page 9 of this document. Be sure to indicate each of the following items referenced below that apply to your Special Event. For your convenience visit, <http://manchesternh.gov/Maps>

- North, indicated by a directional arrow symbols.
- The overall event area including any requested street closures, plus the location and number of meters to be reserved highlighted.
- Indicate 20 foot wide fire lane clearances in all areas and the location of all fire hydrants.
- Include electrical plans for vendors and stage(s), specifying requirements of amps and volts.
- Require use of City right-of-way? ___ Yes ___ No
If "yes," please highlight the effected streets on the route map/site plan.
- Will fundraising take place on-site? ___ Yes ___ No
If "yes," please describe how and where this will be accomplished: _____
- Will any portion of the event occur on private property? ___ Yes ___ No
If "yes," please list address of property, owner's name and a letter of authorization from the private property owner.
Address: _____ Property Owner: _____ Letter Attached
- Will you have any special arrangements for media access? ___ Yes ___ No
If "yes," please describe locations. _____
- Please provide your plan for participation, parking, and viewing for attendees who experience disabilities.
- Please attach a detailed performance schedule of the event and label with your event name on the attachment, if applicable
- Indicate the locations of all trash and recycling receptacles, and any temporary consolidation areas for trash and recyclables.
- Indicate the locations of all portable restrooms. For planning purposes, refer to Special Event Guide – page 14.

**** Inflatables or Bounce Houses are prohibited in the parks.**

Please include the location of the following applicable items on your site plan:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Alcohol (See Appendix B) | <input type="checkbox"/> Cooking | <input type="checkbox"/> Parking Meters | <input type="checkbox"/> Sale/Distribution/Display - Commercial Items |
| <input type="checkbox"/> Amplified Sound | <input type="checkbox"/> Dance and Drama | <input type="checkbox"/> Picnic Shelter | <input type="checkbox"/> Sporting Event |
| <input type="checkbox"/> Band Stand | <input type="checkbox"/> Electric or Generator | <input type="checkbox"/> Portaloets | <input type="checkbox"/> Stage |
| <input type="checkbox"/> Bicycling | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Public Address System | <input type="checkbox"/> Tents |
| <input type="checkbox"/> Bleachers | <input type="checkbox"/> Food Distribution/Sales | <input type="checkbox"/> Race (Non-timed event) | <input type="checkbox"/> Vehicles |
| <input type="checkbox"/> Boat Racing | <input type="checkbox"/> Marching Bands | <input type="checkbox"/> Race (Timed Event) | <input type="checkbox"/> Walk |
| <input type="checkbox"/> Concert/Live Music | <input type="checkbox"/> Motorcycle Ride | <input type="checkbox"/> Remote Parking/Shuttles | <input type="checkbox"/> Wedding or Reception |
| | | | OTHER: _____ |

N/A

If "Other", please describe: _____



MANCHESTER, NH

SPECIAL EVENT APPLICATION

Manchester Fire Prevention Management

See Manchester Special Event Guide Page 10 & 11

Will you plan to have tents for your event? ___ Yes X No

Note: If you have selected "yes", please include the tent vendor information on Appendix D

- Please also include:
- Floor plan for each tent showing what will be under tent (s)
 - Measurements of tent (s)
 - Copy of certificate of flame resistance for tent (s)

Will Fireworks/Pyrotechnics be used at this event? ___ Yes X No

Note: If you have selected "yes," please contact the Fire Marshal at (603) 669-2256 for further instruction.

Manchester Police Department

See Manchester Special Event Guide Page 9

The City of Manchester will determine if and how many extra duty officers are needed based on a number of planning variables including: the estimated number of attendees (including staff, vendors, and volunteers), the availability of alcoholic beverages, event location, weather conditions, time of day during which the event is conducted, the need for street closures or rerouting of vehicular or pedestrian traffic, and history of the particular event.

Please be sure to be as detailed as possible in all sections of this application as the data will be used to determine the appropriate number of officers necessary to an event.

Police detail was required in 2014 see attachment #3

Private Security

Will you hire private, non-armed, security? ___ Yes ___ No

If you have selected "yes," please provide the Security vendor information on Appendix D

Number of Private Security Officers you intend to hire. _____

If "yes," please provide Private Security Company and a brief reason for security.

What made you decide to have your event in Manchester?



MANCHESTER, NH

SPECIAL EVENT APPLICATION

Health Department

See Manchester Special Event Guide Page 12

All food items served to public must be prepared and served in a safe and sanitary manner consistent with City and State health regulations. Each food vendor must have a valid Manchester Health Department permit to operate as a mobile food vendor, you must file an application for a **Temporary Permit**. Please note that an existing permit to operate a food establishment, such as a restaurant, does not allow for the operation of a temporary food establishment in the City of Manchester without prior approval.

The **Temporary Food Service Establishment Application Form** and **Temporary Food Event Coordinator's Application** must be completed and submit to the Health Department (*see Appendix C of application*). Applications and applicable fees for each proposed vendor need to be submit at least two (2) weeks or ten (10) working days prior to the event.

- 1. Will your food vendors or caterers serve pre-packaged items on site? Yes No
- 2. Will your food vendors or caterers cook on site? Yes No
- 3. If "yes," please provide all proposed cooking method(s):
(e.g. grilling, frying, smoking, boiling, etc.) _____
- 4. Will your food vendor(s) or caterer(s) use cooking oil? Yes No
If "yes" please provide name of chosen grease disposal company

Company Name: _____ Contact Person: _____ Contact Phone: _____

If cooking on site involves any use of cooking grease, the event organizer is responsible for appropriate grease disposal. Failure to abide by this will result in post event environmental clean-up charges, as used cooking oil is considered hazardous waste.

For your convenience the **Proper Grease Disposal Procedures** can be found on Special Event Guide - Page 13

- 1. If vendor or caterer currently licensed by Manchester's Health Department, please provide:
 - a. A copy of their current state or local food permit.
 - b. A copy of their most current (within 6 months) inspection report.
- 2. If vendor or caterer is not currently licensed by Manchester's Health Department, please provide:
 - a. A copy of the commissary's current state or local food permit.
 - b. A copy of the commissary's most current (within 6 months) inspection report.

Food/Alcoholic Beverages

See Manchester Special Event Guide Page 12

Please check all that apply

- Yes No - Sale or Distribution of Food Yes No - Sale or Distribution of Alcoholic Beverages

Note: If you have checked "Yes" to either item above, please contact the Manchester Health Department – (603) 624-6466

- Any Distribution or Sale of Alcohol will require:
- City of Manchester - DPW Approval (if event is located in a park)
 - Fire Marshal Approval
 - Chief of Police or designee
 - State of NH Temporary Liquor Permit or Liquor License

*Further details can be found in Special Event Guide – Page 12



MANCHESTER, NH

SPECIAL EVENT APPLICATION

(DPW) - Waste Management and Recycling

See Manchester Special Event Guide Page 13

- How many trash/recycling stations will you provide? N/A
- Indicate the type, number and volumetric size of your trash and recycling receptacles in the following table:

	Type of Receptacle	Number	Size of Receptacles* (in gallons)	Total Volume (in gallons)
Trash	Boxes			
	Carts			
	Dumpsters			
	Other (specify):			
	Total			
Recycling	Boxes			
	Carts			
	Dumpsters			
	Other (specify):			
	Total			
TOTAL				

- How many people will be assigned to manage trash and recycling, including emptying of full receptacles, monitoring of temporary consolidation areas and off-haul of materials from the event area? _____
 - When and where will you ultimately dispose of trash off-site? _____
 - Who will transport the trash to its disposal location? _____
 - When and where will you ultimately take recyclables off-site? _____
 - Who will transport the recyclables to the recycling facility? _____
- restaurants
handle
event refuse

Parking Division

See Manchester Special Event Guide Page 15

The City of Manchester Parking Division is eager to assist you with the parking needs of your Special Event. Manchester offers many parking options for your guests, including on street parking, parking lots, and parking garage. In order to serve you best, please complete the section below relative to the parking needs of your event.

✓ Please check location (if applicable)

- Canal Lot
 Lake Ave Lot
 Middle Lot
 Pearl Lot
 Victory Garage
 Hartnett Lot
 Line Drive Lot
 Myrna Lot
 Pine Lot
 Other: _____

If "other," please describe: N/A

Are there metered parking spaces that abut your event location perimeter? If "yes" please indicate locations.

What parking arrangements have been made for the event?

(If you are using alternate parking lots for event parking, a letter of approval from the property owner must accompany this application)

Please list event participant vehicles:

(e.g. production trailers, media vehicles, vendor vehicles, volunteers)

See BMA
approval
from 2014



MANCHESTER, NH

SPECIAL EVENT APPLICATION

Insurance Requirements

See Manchester Special Event Guide Page 7

You are required to have liability insurance that covers your event from the beginning of set up through the event and completion of the breakdown and removal of all equipment. This insurance must name the City of Manchester as an additional insured party in any and all policies. Insurance must be evidenced by a Certificate of Liability Insurance document and submitted a minimum of thirty (30) days prior to your event set up date. Failure to provide acceptable insurance within the thirty (30) day time frame may result in cancellation of the event.

- For your convenience an example of this document can be requested from Manchester Economic Development at (603) 624-6505

Hold Harmless & Acknowledgement

In consideration of the privileges that may be granted by issuance of a permit, the Applicant shall, to the fullest extent permitted by law, indemnify, defend and hold harmless the City, and all officials, agents, and employees of the City, from and against all claims which may result from allowing Applicant to utilize the public right-of-way or City owned Park. "Claim" as used in this agreement means any financial loss, claim, suit, action, damage, or expense, included but not limited to attorney's fees, attributable for bodily injury, sickness, disease or death, or injury to or destruction of tangible property including loss of use resulting there from.

The Applicant's obligation to indemnify, defend, and hold harmless includes any claim by Applicant's agents, participants, employees, representatives or any subcontractor or its employees.

By signing this application, you are stating that you understand the information in this application to be true to the best of your knowledge, and that you are agreeing to comply with City of Manchester Code of Ordinances. Should the City grant approval and a permit be issued, you agree to comply with any other requirements provided by law.

Ann Masterson

4/0/15

Applicant Printed Name

Date

Ann Masterson

Applicant Authorized Signature

For Office Use Only

This application and its attachments have been sent to the following departments on: Date: _____ By: _____

The application has also been sent to FYI notification list: Date: _____ By: _____

BMA Approval: ___ MFD: ___ MPD: ___ MHD: ___ Parks: ___ DPW: ___ Clerk: ___ Parking: ___ State Liquor Comm.: ___

FEES MFD: \$ ___ MPD: \$ ___ MHD: \$ ___ Parks: \$ ___ DPW: \$ ___ Clerk: \$ ___ Parking: \$ ___ State Liquor Comm.: \$ ___

TOTAL EVENT FEE: \$ ___ NOTES: _____

FINAL APPROVAL

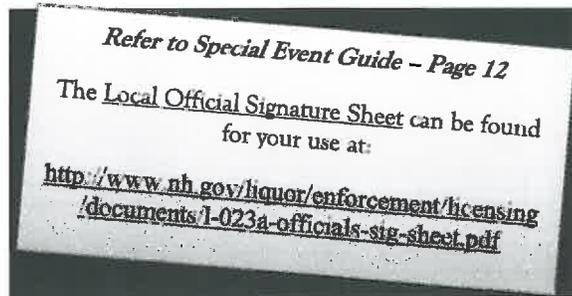
BMA Approval: ___ MFD: ___ MPD: ___ MHD: ___ Parks: ___ DPW: ___ Clerk: ___ Parking: ___ State Liquor Comm.: ___ Does Event have City of Manchester requirements? circle one YES NO --- If "yes" please list



SPECIAL EVENT APPLICATION

APPENDIX B

Alcoholic Beverage Sales (Temporary)



In addition to complying with the State of New Hampshire and City of Manchester requirements, the Parks and Recreation Department has specific requirements for Temporary Alcohol Sales, including:

- Promoter/non-profit beneficiary is required to have State of NH Liquor Commission approved temporary alcohol sales two (2) weeks prior to the event date – which is able to be verified over the phone with State Liquor Commission.
- Promoter/non-profit beneficiary is required to provide double fencing/barriers around the entire area intended to host both the temporary alcohol sales points and all consumption.
- Location and number of pour stations
- Promoter/non-profit beneficiary is required to submit the barrier plan (with accurate dimensions as a drawing to the Fire Marshal who will determine the approved number and size of designated entry and exit points.
- Promoter/non-profit beneficiary is required to hire sufficient extra-duty officers and required number of fire watch officers to attach to the points of sales as well as the Fire Marshal designated entrance/exits.
- Promoter/non-profit beneficiary is required to provide not only a general liability policy naming the City of Manchester as additionally insured, but a Liquor Liability Policy in the amount of _____ providing the City the same protection.
- Promoter/non-profit beneficiary and their representatives may NOT relocate or change the nature of the area for Temporary Alcohol Sales while on site. The configuration as approved MUST remain the same on site.

****Attempts to change the approved barrier locations will result in cancellation of the alcohol sales****

Do you have a State of NH Liquor License? X Yes No

If you selected "Yes", please attach a most recent copy dated within the last six months.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/25/2015

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).

PRODUCER FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101	CONTACT NAME: Vivian Vaudreuil	
	PHONE (A/C. No. Ext): (603) 669-3218 FAX (A/C. No): (603) 645-4331 E-MAIL ADDRESS: vvaudreuil@crossagency.com	
INSURED Granite Eats LLC, DBA: Hooked Seafood 110 Hanover Street Manchester NH 03101	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Merchants Mutual Ins Co	23329
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: 15-16 GL/LL & UMB 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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CMP9152954	2/3/2015	2/3/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	CUP9144588	2/3/2015	2/3/2016	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability		CMP9152954	2/3/2015	2/3/2016	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
City of Manchester, NH is included as additional insured with respects to the CGL as per written contract. Refer to policy for exclusionary endorsements and special provisions.

CERTIFICATE HOLDER JBOLDUC@manchesternh.gov City of Manchester, NH Business License & Enforcement Division 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 Mark Ferdinando/VV1



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/25/2015

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).

PRODUCER FIAI/Cross Insurance 1100 Elm Street Manchester NE 03101	CONTACT NAME: Vivian Vaudreuil PHONE (A/C, No, Ext): (603) 669-3218 E-MAIL ADDRESS: vvaudreuil@crossagency.com	FAX (A/C, No): (603) 645-4331
	INSURER(S) AFFORDING COVERAGE	
INSURED Granite Eats LLC, DBA: Hooked Seafood 110 Hanover Street Manchester NE 03101	INSURER A: Merchants Mutual Ins Co NAIC # 23329	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 15-16 GL/LL & UMB **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CMP9152954	2/3/2015	2/3/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP9144588	2/3/2015	2/3/2016	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability			CMP9152954	2/3/2015	2/3/2016	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Refer to policy for exclusionary endorsements and special provisions.

CERTIFICATE HOLDER Hanover St. Association 100 Hanover St Manchester, NE 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 Mark Ferdinando/VV1

