

NEW HAMPSHIRE Community Development Department

Code Administration Division

City Hall Annex • 37 Green Street • Concord, NH 03301 • tel. 603/225-8580 • fax 603/225-8586

APPLICATION FOR ONE-DAY LICENSE TO SERVE AND OFFER ALCOHOL FOR CONSUMPTION ON CITY PROPERTY

I. PURPOSE

• The purpose of this license application is for the City of Concord to review an applicant's qualification to obtain a one-day license to serve alcohol on City property in accordance with City of Concord Code of Ordinances 14-5-2 and 14-5-3 and N.H. RSA 178:22 (I).

II. DEFINITIONS

- Alcohol: As defined by the New Hampshire Liquor Commission.
- <u>License Fee</u>: The license fee shall be \$200.00 for each one-day license issued.
- Voluntary Non-Profit Organization: An organization under RSA 178:22(I).

III. APPLICANT INFORMATION

•	Organization Name: Intown Concord					
	Address: 49 South Main Street Concord NH 03301					
	Contact Person: Susan Sokul Phone: (work) 603-226-2150 (cell) 603-568-6433					
•	Copy of New Hampshire Liquor Commission, RSA 178:22(I) One-Day License: Yes No Start/Expiration Date: 10 μνε 23, 201 φ					
•	Person in Charge of the Event: (cell) Susan Sokul 606-568-6436 (work) 603-226-2150					
•	Name, Address and Phone Number Person(s) serving alcohol: See attached					
•	Person(s) identified as serving alcohol have completed N.H. Liquor Commission Training Program Certificate within 45 days of license issuance: ✓ Yes ☐ No					
•	Person(s) identified as serving alcohol have other applicable N.H. Liquor Commission License to Serve Alcohol: Yes; No If Yes, identify other license:					
•	Copy of any agreement between the applicant and any third party intended to affect the operation of the license: Yes No N/A					

IV. PURPOSE OF THE ONE-DAY LICENSE

Describe the purpose of the event for the one day license.
 Request to sell beer and wine at Intown Concord's Hospitality Tent at the 42nd annual Market Days. The Tent is set up in front of Citizens Bank, west side of N.

Street. Dates are June 23, 24th 25th. Service hours are 10am to 11pm on those days. Market Days is a fundraiser for Intown Concord

Identify the type alcohol to be served Beer and Wine LICENSE INFORMATION ٧. Requested Date for One-Day License: June 23 June 24 and June 25 Proposed Hours of Operation for One-Day License: 11am to 10:00pm (No license shall be issued between the hours of 10 pm and 10 am.) Requested Location for One-Day License Activity: on N. Main Street, west side just south of SchoolStreet How many people are expected to attend? 200 per day Plan of Physical Layout, diagram attached: ✓ Yes No Tent/rope fencing or other boundaries identified, diagram attached: ✓ Yes No Display Signs, Vyes; No If Yes, describe sign(s) See attached information. Signs for ID checking, exit, No Smoking INSURANCE AND DEFENSE AND INDEMNIFICATION AGREEMENT VI. Applicant has provided a Certificate of Liability Insurance which provides: 1. General Liability Insurance in the Aggregate Two (2) Million Dollars, naming the City of Concord as an additional insured: 2. Each Occurrence of Injury One Million Dollars: 3. Medical Expense (any one person) Five Thousand Dollars. ✓ Yes No Applicant has executed the attached Indemnification Agreement: Yes No VII. OTHER PERMITS AND INFRASTRUCTURE The City may assist the applicant with securing any and all City permits required. However, the applicant shall be solely responsible for completing all required permit applications as well as paying all required application fees. The applicant shall also be solely responsible for the cost of constructing all infrastructure upgrades made to any facility without limitation which shall be subject to City inspection and approval. VIII. CLEANUP Applicant agrees that to the extent that a license is issued, it is required to immediately remove all signs, equipment or other products ("infrastructure") from the City's Public Property following the conclusion of the license. The City may charge the licensee any actual costs it incurs for removing any items from the City's public property not immediately removed after the license event ends. IX. **TERMINATION** The City may terminate this license at any time and for any reason. X. APPLICABLE LAWS

The applicant shall comply with all local, state, and federal laws, rules, regulations, and ordinances in

conjunction with the issuance of this license.

• This license shall be enforceable in the Courts of Merrimack County, New Hampshire, to which both parties submit for jurisdiction.
APPLICANT SWORN AFFIRMATION
I hereby swear and affirm under the penalties of perjury that the information I have provided in this information is true, and to the extent that a license is issued, agree to be bound by terms of this license application.
Duly Authorized Officer or Director of Voluntary Non-Profit Organization (printed) 4 11 19
Duly Authorized Officer or Director of Voluntary Non-Profit Organization (signature) Date
Sworn to and affirmed at Concord, New Hampshire on April 1,2010, before, before
Justice of the Peace/Notary Public Commission expires:
STACIE E. ELLIOTT, Notary Public My Commission Expires September 17, 2019
HEALTH AND LICENSING OFFICER REVIEW
Health and Licensing Officer has approved this application and it meets the minimum requirements for the approving authority to review. Yes [] No
If No, reason for non-approval:
Health and Licensing Officer Date

Date

APPROVAL FROM APPROPRIATE AUTHORITY

By: _____City of Concord

XI.

INDEMNIFICATION AGREEMENT

ATTOWN CONCY, ("licensee") agrees to defend and indemnify the City, its officers, employees and agents against any and all loss, damage, liability, expense, suits, demands and claims, including, but not limited to, cases of injury to third parties or their property, resulting from and arising out of: (1) Any act, failure to act, or negligence of licensee in conjunction with the issuance of the one day license; (2) Anything owned or controlled by licensee, its servants, agents, or invitees and used on the City's premises in connection with licensee's activities under this license; or (3) Any nuisance made by licensee, its servants, agents, or invitees on the City's premises in connection with this license. The foregoing provisions concerning defense and indemnification shall not be construed to require defense or indemnification to the City for damage arising out of bodily injury to persons or damage to property caused by or resulting from the sole negligence of the City or its employees.

Licensee, their heirs, executors, administrators, and assigns, acknowledge full satisfaction for all liabilities and actions that may now or later accrue as a result of the use of the park for this tournament and releases the City, its employees and agents, from any claims of negligence or damage that may now or later arise out of said use.

Dated this day of ADRIL, 2016.
By: <u>QUANTOWN CONCORD</u> Licensee INTOWN CONCORD
Duly Authorized

Sworn to and affirmed at Concord, New Hampshire on April 11, 2016 , before _______,

Justice of the Peace/Notary Public

Commission expires:_____

STACIE E. ELLIOTT, Notary Public
My Commission Expires September 17, 2019



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/17/2016

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

REFRESENTATIVE OR PRODUCER, AND THE CENTIFICATE HOLDER.								
th	MPORTANT: If the certificate holder he terms and conditions of the policy, certificate holder in lieu of such endors	certain	policies may require an en					
PRO	DDUCER			CONTACT Fairley Kenneally				
E & S Insurance Services LLC				PHONE (A/C, No, Ext): (603) 293-2791 FAX (A/C, No): (603) 293-7188				
21	Meadowbrook Lane			E-MAIL ADDRESS: fairley@esinsurance.com				
P O Box 7425						RDING COVERAGE	NAIC #	
Gilford NH 03247-7425				INSURER A :United	States 1	Liability Insuran	ce	
INSURED				INSURER B :				
Int	town Concord			INSURER C :				
49	South Main St, Suite 202			INSURER D :				
				INSURER E :				
Cor	ncord NH 033	01		INSURER F :				
CO	OVERAGES CER	TIFICAT	ENUMBER:liquor 201	6		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.								
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is included as an Additional Insured on policy per endorsement naming the City of Concord as an additional insured for Market Festival Days

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
F Kenneally/FAIRLE Fairley Kenneally

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STATUTE

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT \$

\$

DED RETENTION 5 WORKERS COMPENSATION

If yes, describe under DESCRIPTION OF OPERATIONS below

N/A

AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

(Mandatory in NH)