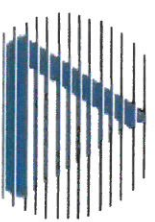




State of New Hampshire Liquor Commission



INTOWN CONCORD
INTOWN CONCORD
ONE CAPITAL PLAZA ON NORTH MAIN ST
CONCORD NH 03301

SPECIAL ONE DAY

ON-PREMISES BEVERAGE/WINE/LIQUOR

License No. **546841**

Effective Date: **06/23/2016**

Expires: **06/25/2016**

SUPPLEMENTAL LICENSE: JUNE 23, 24, & 25, 2016 11 AM - 10 PM

This license is issued and is subject to the conditions prescribed in Title XIII of the revised statutes annotated and regulations enacted by the commission thereunder. This license is effective for the period specified above unless sooner revoked and is not transferable.

State Liquor Commission


Joseph W. Mollica, Chairman


Michael R Milligan Deputy Commissioner

This document and any addendum must be conspicuously displayed on the described premises.

AUDIT NO. 519366



State of New Hampshire
Liquor Commission
Division of Enforcement & Licensing



ONE DAY / AUCTION / BEER FESTIVAL / WINE FESTIVAL LOCAL OFFICIAL SIGNATURE SHEET

Town/City of: City of Concord

This letter authorizes the use of the Hospitality Tent at Market Day Festival
(PREMISES)

For the Intown Concord to perform
(VOLUNTARY GROUP OR NON-PROFIT ORGANIZATION)

A SPECIAL EVENT(S) AND GATHERING(S) FOR A ONE-DAY LICENSE OR BEER FESTIVAL INVOLVING THE SALE OF ALCOHOLIC BEVERAGES AS REQUIRED BY RSA 178:1.

Effective Date: Thursday June 23 2016
(DAY OF THE WEEK) (MONTH) (DAY) (YEAR)

Expiration Date: Saturday June 25 2016
(DAY OF THE WEEK) (MONTH) (DAY) (YEAR)

Hours of Event: 11 AM/PM Until 10 AM/PM

I approve the use of the Hospitality Tent at Market Day Festival in so far as accessibility of the premises is concerned; the premises are safely accessible to all forms of traffic, including emergency vehicles.

Police Chief's Signature: [Signature]

Print Police Chief's First & Last Name: BRADLEY C. OSGOOD

I approve the use of the Hospitality Tent at Market Day Festival in so far as accessibility of the premises is concerned, the premises are safely accessible with authorized capacity of 60 people.
(NUMBER OF PEOPLE)

Fire Chief's Signature: [Signature]

Print Fire Chief's First & Last Name: David L. Adams

I approve the use of the _____ in so far as health and sanitary conditions are concerned. The premise meets health requirements.

Health Officer Signature: [Signature]

Print Health Officer's First & Last Name: Eugene A Blake



State of New Hampshire
Liquor Commission
Division of Enforcement & Licensing



LICENSEE TRAINING DESIGNATION FORM

I, Elyssa Paris, am a
(Print full name)

- Proprietor Partner Corporate Officer Corporate Director
- Limited liability company member Limited liability company manager
- I have the Power of Attorney (copy must be attached)

of/for the business applying for a license to sell beverage alcohol under the provisions of RSA 178:2 of New Hampshire's Revised Statutes Annotated. Pursuant to the laws of the State of New Hampshire I am duly authorized to appoint and designate the following individual to attend training in fulfillment of the requirements of RSA 178:2.

I understand and acknowledge that New Hampshire Law provides for the possible suspension of my license to sell beverage alcohol, 45 days after the issuance of the license if I, or my duly authorized manager do not attend the Liquor Commission's Management Training Seminar (MTS) or Alcohol Consultant Training (ACT) if applying for Alcohol Consultant License.*

I further understand that I must complete a new designation form should the person identified below not attend training on behalf of the licensee. Failure to submit a new and updated designation form in a timely manner may result in the license being suspended due to my failure to advise the Division of a change in my designee.

Name of Designated Manager Elyssa Paris
(Print Full Name)

Licensee Trade Name INTOWN CONCORD
(Print Trade Name)

NH Liquor License Number _____

[Signature]
Duly Authorized Person to Sign

4/11/14
Date

Licensing Specialist/Enforcement Officer

Date

**Pursuant to Liquor Rule 701.01.(1) a manager is "an individual who exercises control over the policies, operating procedures and operations of the business" and designated by the license holder to attend the MTS/ACT for the licensee.*



New Hampshire Liquor Commission
Management Training Seminar

M.T.S.
Certificate of Attendance

Student Name

Liza Poirier

Instructor

M. J. [Signature]

Date

3/9/16

Annual Training Recommended



State of New Hampshire
Liquor Commission
Division of Enforcement & Licensing



ONE DAY / AUCTION / BEER FESTIVAL / WINE FESTIVAL LICENSE ATTACHMENT

Name of Licensee: _____ Event Date: _____

THE FOLLOWING PERSONS WILL BE SERVING ALCOHOL FOR THIS FUNCTION:

NAME: Domenic Ciavarrò
STREET ADDRESS: 11 Lennox St.
CITY/TOWN, ZIP CODE: Horseshoe, NH 03106
DATE OF BIRTH: 12/15/1962
PLACE OF BIRTH: Brighton, MA

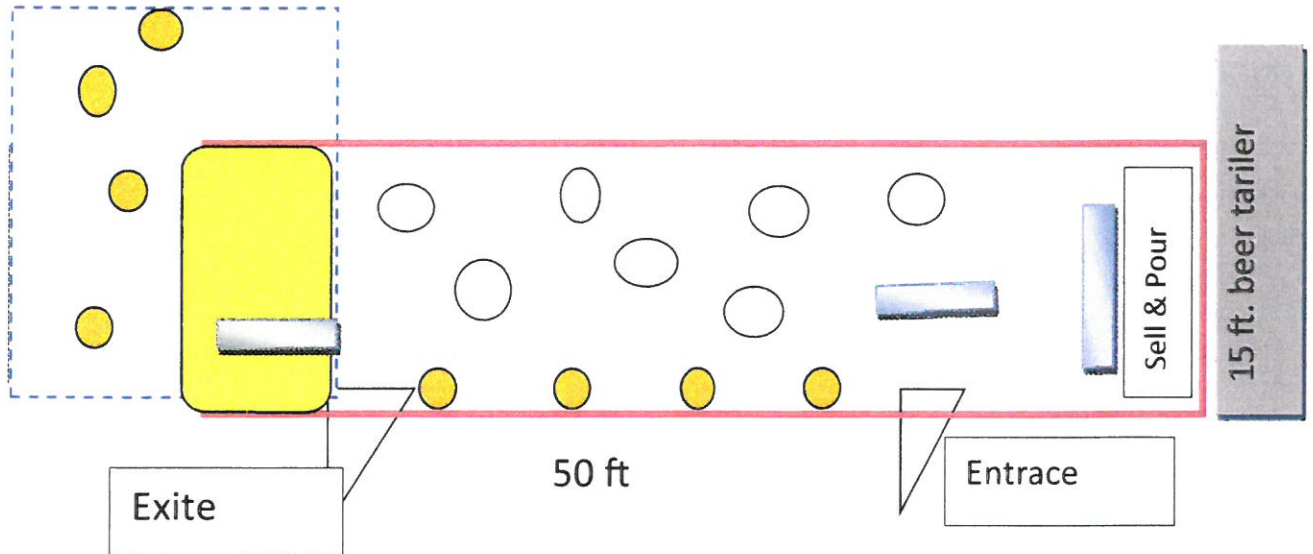
NAME: Johane Telgener
STREET ADDRESS: 81 Warren St
CITY/TOWN, ZIP CODE: Concord NH 03301
DATE OF BIRTH: 4/17/1958
PLACE OF BIRTH: Montreal, Quebec, Canada

NAME: _____
STREET ADDRESS: _____
CITY/TOWN, ZIP CODE: _____
DATE OF BIRTH: _____
PLACE OF BIRTH: _____

NAME: _____
STREET ADDRESS: _____
CITY/TOWN, ZIP CODE: _____
DATE OF BIRTH: _____
PLACE OF BIRTH: _____

NAME: _____
STREET ADDRESS: _____
CITY/TOWN, ZIP CODE: _____
DATE OF BIRTH: _____
PLACE OF BIRTH: _____

Outdoor seating 10' by 20' (fenced area)



Red is tented and fenced area measuring **45 x 15'** two exits. **** Total seating area is 55 x 15 =**

1. Umbrella with weighted stands –TBD –Sokul
2. Rain Gutters placed between tents for protections –Provided by Promania
2. Coffin coolers—borrowed by NHD
3. Orange are hi tops -details TBD –Sokul
4. Fencing is “French barricades –each piece 10ft– Promania
5. 10 x 10 storage area for ice box and supplies. –Promania
6. Christmas lights—strung on post around outside garden

Procedures: The Beer/Wine Hospitality Tent is operated by Intown Concord, Susan Sokul & Liza Poinier are the Person in Charge. MTS training completed. Volunteers are primarily Board members and prior volunteers with strong knowledge of operations. Volunteers will be selling beer/wine tokens. Volunteers will take the TEAM for the ID process and serving beer/wine. Service Hours are 11 am to 10pm. To be served a beer/wine ID 's are checked and the person receives a wristband. We are estimating seating and service for a maximum of 60 people. We have about 825 sq ft under the tent and in the outside side, fenced beer garden. Our entrance and exits will be monitor (and staffed at peak hours in evening) to insure beer/wine is not removed from the tent or garden area. Chips and cracker, water, soda will be available in the tent for sale.

No smoking allowed.

School St

1

2

7 49

51

53

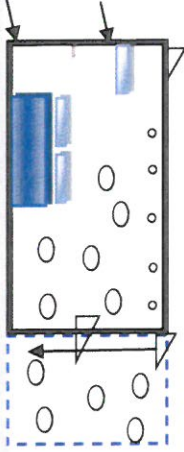
55

57-67

71-81

Citizens Bank

Beer



N Main St

46

54

56

58

62

64

66-68

70

72

74

76

78

8

uncord
Market Days



5 10 20 Feet

A horizontal scale bar with three segments. The first segment is labeled '5', the second '10', and the third '20 Feet'.



State of New Hampshire
Liquor Commission
Division of Enforcement & Licensing



ONE DAY / AUCTION / BEER FESTIVAL / WINE FESTIVAL LICENSE ATTACHMENT

Name of Licensee: Intown Concord Event Date: June 23-25

THE FOLLOWING PERSONS WILL BE SERVING ALCOHOL FOR THIS FUNCTION:

NAME: Nathan Werekki
STREET ADDRESS: Liberty St.
CITY/TOWN, ZIP CODE: Concord, NH 03301
DATE OF BIRTH: 6/29/1983
PLACE OF BIRTH: Concord, NH

NAME: Bob Torrey
STREET ADDRESS: 14 Moreland Ave
CITY/TOWN, ZIP CODE: Concord NH 03301
DATE OF BIRTH: 01/14/47
PLACE OF BIRTH: Quebec City.

NAME: Sean Skabo
STREET ADDRESS: 44 Goodhue Rd
CITY/TOWN, ZIP CODE: Boscawen, NH 03303
DATE OF BIRTH: 6.5.1969
PLACE OF BIRTH: Dayton, OH

NAME: Gerry Currier
STREET ADDRESS: 96 Knox Rd
CITY/TOWN, ZIP CODE: Bow NH 03304
DATE OF BIRTH: 11/11/1949
PLACE OF BIRTH: Dover, NH

NAME: Liza Poirier
STREET ADDRESS: 56 Morton St.
CITY/TOWN, ZIP CODE: Concord, NH 03301
DATE OF BIRTH: 8/6/1969
PLACE OF BIRTH: ~~Dayton, OH~~ Monmouth, NJ



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DATE OF BIRTH: 12/15/1962
PLACE OF BIRTH: Brighton, MA

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STREET ADDRESS: 81 Warren St.
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STREET ADDRESS: _____
CITY/TOWN, ZIP CODE: _____
DATE OF BIRTH: _____
PLACE OF BIRTH: _____


NEW HAMPSHIRE
CORPORATION DIVISION

SECRETARY OF STATE
WILLIAM M. GARDNER

[DASHBOARD](#) | [ONLINE SERVICES](#) | [UCC](#) | [MY PROFILE](#) | [TRANSACTION DETAILS](#) | [HELP](#) | [LOGOUT](#)

Welcome Intown Concord
Search Business Names

User ID: intownconcord Last Login: Monday, April 11, 2016 LOGOUT

Search Result	Business Name	Business Type	Principal Office Address	Registered Agent Name	Duration	Status
Intown Concord	Intown Concord	Domestic Nonprofit Corporation	49 South Main St Ste 202, Concord, NH, 03301, USA	N/A	Perpetual	Good Standing

Page 1 of 1, records 1 to 1 of 1

Will this do? →
It's all we have at the moment.