

Return to:
City of Concord
Code Administration
Health Services Division
37 Green Street
Concord, NH 03301
603-225-8580

Pd ck# 960567



COPY

Permit #: ME015-16
Fee \$ 15.00

Make check payable to:
CITY OF CONCORD

-Police Department Use Only-

No. of Officers Required _____

Restrictions: _____

APPROVED: _____

Concord Police Dept.

RECEIVED

FEB 05 2016

This application must be submitted forty five (45) days prior to proposed event to allow for processing of the application.

IN CALENDAR

APPLICATION FOR ENTERTAINMENT / EVENT PERMIT

sent to State 2/5/16

Name of Organization: Concord Hospital Trust Phone: 227-7162

Address: 250 Pleasant Street State: NH Zip Code: 03301

Person in charge of event: Sharon E. Sweet Phone: 227-7000 x5234

Address: 250 Pleasant Street State: NH Zip Code: 03301

Sponsor of Event: Concord Hospital Trust Phone: 227-7162

Address: 250 Pleasant Street State: NH Zip Code: 03301

Type of and Description of Event: A picnic where attendees bring their own meal/drink. There is also live music.

Location of Event: In front of the arch on the State House plaza.

Proposed Dates: From: Saturday, August 20, 2016 To: _____

Proposed Hours: From: 5 AM / PM 10 AM / PM

Number of persons expected to participate: 250

Approximate number of spectators: 0

Will the event include food vendors? Yes: No: If yes, please list name(s) below:

ADDITIONAL INFORMATION – use of a DJ, live band, guest speakers, food vendors, tents larger than 200sq. ft

NOTE: Tents Larger than 200sq ft. need a permit from Fire Dept.: Live band. Depending upon the forecast there may be a tent larger than 200 sq. ft.

If the event is on City property, it is the responsibility of the event coordinator to clean up the area used immediately after the event unless prior arrangements have been made with the City. There will be a fee charged for failure to comply.

If the event is on the City Plaza (front of "Arch"), will you need electricity? Yes: No:

If yes, please indicate times needed: _____ AM 2 PM

Certificate of Insurance Enclosed: Yes: No:

Request for street closure: Yes: No:

Letter for street closure attached: Yes: No:

NOTE: The use of banners is not permitted on the Arch (City Plaza).

A letter for Street Closure must be submitted to the CITY CLERK'S OFFICE and a copy to the Health & Licensing office along with this application. Approval for Street Closure from the City Council must be received before permit is issued.

Signed: [Signature] Date: Feb. 3, 2016

Approved: [Signature] Date: 2/8/16

Health & Licensing Officer

sent to C.S. 2/5/16

sent to [unclear]



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/14/2016

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 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 MARSH USA, INC. 99 HIGH STREET BOSTON, MA 02110 Attn: Boston.certrequest@Marsh.com		CONTACT NAME: PHONE (A/C No, Ext): E-MAIL ADDRESS:		FAX (A/C No):	
319078-CHS-gener-16-17		INSURER(S) AFFORDING COVERAGE			
INSURED CAPITAL REGION HEALTHCARE CORPORATION & CONCORD HOSPITAL, INC. ATTN: JESSICA FANJOY 250 PLEASANT STREET CONCORD, NH 03301		INSURER A : Granite Shield Insurance Exchange		NAIC #	
		INSURER B :			
		INSURER C :			
		INSURER D :			
		INSURER E :			
		INSURER F :			

COVERAGES **CERTIFICATE NUMBER:** NYC-008406996-01 **REVISION NUMBER:** 3

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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			GSIE-PRIM-2016-101	01/01/2016	01/01/2017	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 12,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR 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 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 \$
A	Professional Liability			GSIE-PRIM-2016-101	01/01/2016	01/01/2017	SEE ABOVE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
GENERAL LIABILITY AND PROFESSIONAL LIABILITY SHARE A COMBINED LIMIT OF 2,000,000/12,000,000. HOSPITAL PROFESSIONAL LIABILITY RETRO ACTIVE-DATE 6/24/1985.
EACH OCCURRENCE AND AGGREGATE LIMITS ARE SHARED AMONGST THE GRANITE SHIELD EXCHANGE HOSPITALS.

CERTIFICATE HOLDER

CANCELLATION

CITY OF CONCORD
41 GREEN STREET
CONCORD, NH 03301

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.
Susan Molloy
Susan Molloy



ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA, INC.		NAMED INSURED CAPITAL REGION HEALTHCARE CORPORATION & CONCORD HOSPITAL, INC. ATTN: JESSICA FANJOY 250 PLEASANT STREET CONCORD, NH 03301
POLICY NUMBER		
CARRIER	NAIC CODE	
ADDITIONAL REMARKS		EFFECTIVE DATE:

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

RE: EVENING EN BLANC EVENT ON AUGUST 20, 2016 ON THE STATE HOUSE PLAZA.
 THE CITY OF CONCORD IS INCLUDED AS ADDITIONAL INSURED WHERE REQUIRED BY WRITTEN CONTRACT WITH RESPECT TO GENERAL LIABILITY.



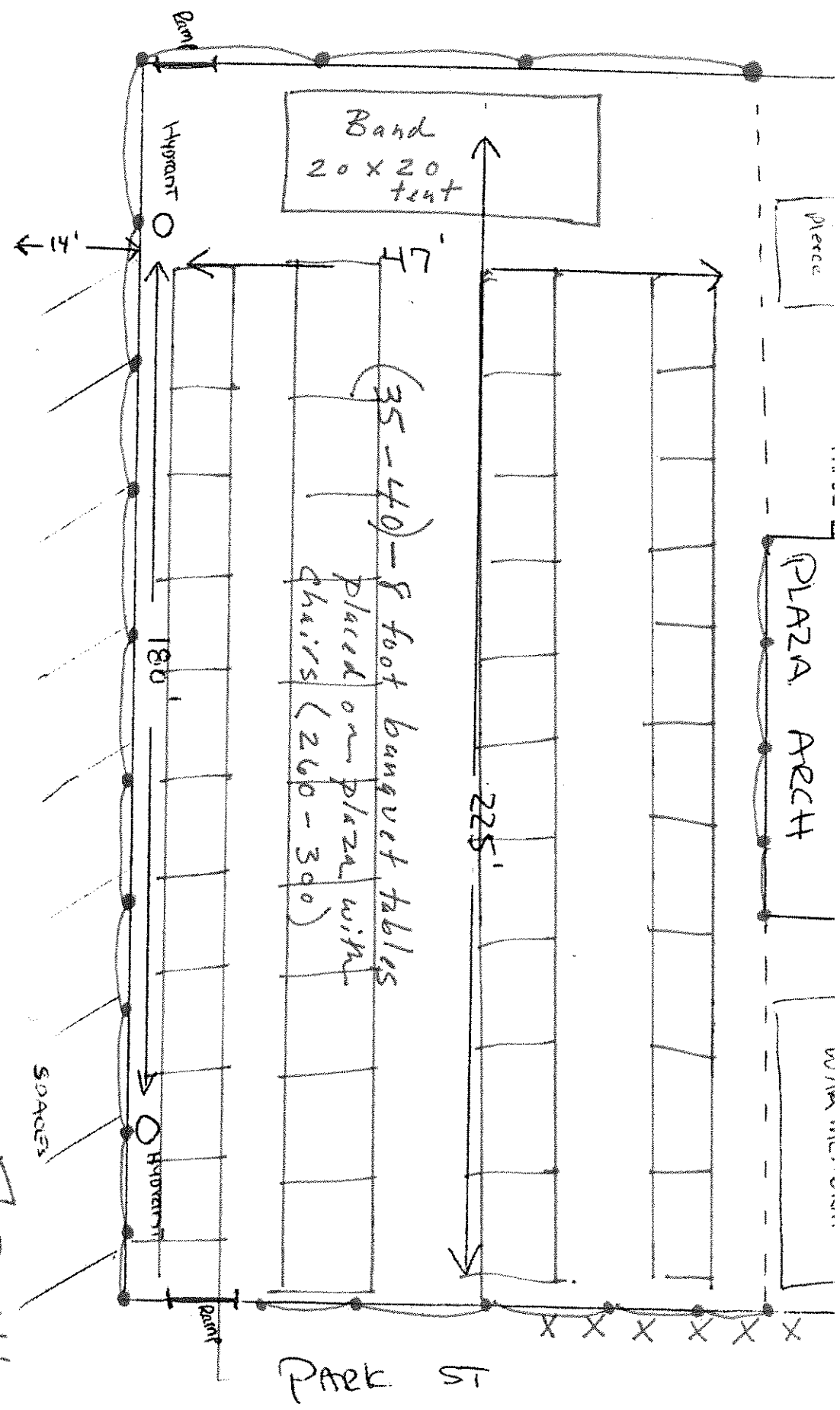
New Hampshire Liquor Commission
Management Training Seminar
M.T.S.
Certificate of Attendance

Jessica Bailey
Student Name

J. Jessard
Instructor

1/13/16
Date

Annual Training Recommended



N MAIN ST

PARK ST

Band
20 x 20
tent

(35-40) - 8 foot banquet tables
Placed on plaza with
chairs (260-300)

225'

180'

Hydrant

Hydrant

SPACERS

PLAZA ARCH

[X] - Portable
 Restrooms
 Placed on sidewalk
 ● Stanchions
 and Rope

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:

Eugene A. Blake 2/8/14
Health and Licensing Officer (date)

APPROVAL FROM APPROPRIATE AUTHORITY

By: _____ Date: _____
City of Concord