





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.
- License Fee: The license fee shall be \$200.00 for each one-day license issued.
- Voluntary Non-Profit Organization: An organization under RSA 178:22(I). エロ # 02-0528727

III. **APPLICANT INFORMATION**

| • | Organization Name: Intown Concord |
|---|--|
| | Address: 49 South Main Street #202 Concord NH 03301 |
| | Contact Person: Kate Fleming Phone: (work) 603-226-2150 (cell) 718-450-0646 |
| • | Copy of New Hampshire Liquor Commission, RSA 178:22(I) One-Day License: Yes No Start/Expiration Date: 6/22/17-6/24/17 |
| • | Person in Charge of the Event: (cell) Kate Fleming 718-450-0646 (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; V 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 NA |

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 43rd annual Market Days. The Tent is set up in front of Citizens Bank, west side of N.

Street. Dates are June 22, 23th 24th. Service hours are 10am to 11pm on those days. Market Days is a fundraiser for Intown Concord

| | • | Beer and Wine | | | | |
|-------|-----------------|--|--|--|--|--|
| ٧. | L | ICENSE INFORMATION | | | | |
| | • | Requested Date for One-Day License: June 22 | | | | |
| | • | 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, Yes; No If Yes, describe sign(s) See attached information. Signs for ID checking, exit, No Smoking | | | | |
| VI. | IN | SURANCE AND DEFENSE AND INDEMNIFICATION AGREEMENT | | | | |
| | • | Applicant has provided a Certificate of Liability Insurance which provides: General Liability Insurance in the Aggregate Two (2) Million Dollars, naming the City of Concord as an additional insured; Each Occurrence of Injury One Million Dollars; Medical Expense (any one person) Five Thousand Dollars. | | | | |
| | | Yes No | | | | |
| | • | Applicant has executed the attached Indemnification Agreement: ✓ Yes No | | | | |
| VII. | 0. | THER PERMITS AND INFRASTRUCTURE | | | | |
| V 11. | 0 | THER 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. | CL | EANUP | | | | |
| | • | 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. | TE | RMINATION | | | | |
| | • | 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.

| Nathan P. War | , | e to be bound by terms of this li | сенье аррисации. |
|--|--|---|-------------------------|
| Duly Authorized Officer or | Director of Voluntary Non-P | rofit Organization (printed) | |
| | | | 4/19/2017 |
| Duly Authorized Officer or | Director of Voluntary Non-P | rofit Organization (signature) | Date |
| Sworn to and affirmed at C | oncord, New Hampshire on | April19, 2010 | , before <u>Me</u> |
| Justice of the Peac Commission expire | | | |
| | CAROLYN E. Notary Public - N My Commission Expire | | |
| HEALTH AND LICENSI | | · • • • • • • • • • • • • • • • • • • • | |
| HEALTH AND LICENSI Health and Licensing O approving authority to a superior of the s | NG OFFICER REVIEW ficer has approved this appreview. [X] Yes [] No | olication and it meets the minimu | ım requirements for the |
| Health and Licensing O approving authority to | MG OFFICER REVIEW ficer has approved this appreview. Yes [] No pproval: A Rache | | m requirements for the |
| Health and Licensing O approving authority to If No, reason for non-a Ugerre | ificer has approved this appreview. Yes [] No opproval: | | m requirements for the |

• This license shall be enforceable in the Courts of Merrimack County, New Hampshire, to which both parties

submit for jurisdiction.

APPLICANT SWORN AFFIRMATION

XI.

INDEMNIFICATION AGREEMENT

Nature 1. Nance ("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.

ind

Justice of the Peace/Notary Public

Commission expires:

| Dated this\^l | day of |
|---------------|--|
| | By: Board President Licensee Naturn Concord, Inc., Duly Authorized |
| Sworn to and | affirmed at Concord, New Hampshire on $40019,300$, before 600 |
| | recly 7. O'bri |

CAROLYN E. O'BRIEN Notary Public - New Hampshire My Commission Expires February 6, 2010



State of New Hampshire Liquor Commission



INTOWN CONCORD
INTOWN CONCORD
TENTED AREA - 49 SOUTH MAIN ST 202
CONCORD NH 03301

SPECIAL ONE DAY

License No. **559941**

ON-PREMISES BEVERAGE/WINE/LIQUOR

Effective Date: 06/22/2017 Expires: 06/24/2017

SUPPLEMENTAL LICENSE: 6/22, 23 & 24/17 FROM 11 AM - 10 PM DAILY

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

alland

Joseph W. Mollica, Chairman

Michael R Milligan Deputy Commission

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

AUDIT NO. 523267



Liquor Commission State of New Hampshire



INTOWN CONCORD INTOWN CONCORD CONCORD NH 03301 TENTED AREA - 49 SOUTH MAIN ST 202

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State Liquor Commission

Joseph W. Mollica, Chairman

Michael R Milligan Deputy

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AUDIT NO. 523267



State of New Hampshire Liquor Commission Division of Enforcement & Licensing



| ONE DAY AUCTION BEER FESTIVAL / WINE FESTIVAL LOCAL OFFICIAL SIGNATURE SHEET | | | |
|--|--|--|--|
| Town/City of: Concord, New Hampshire | | | |
| This letter authorizes the use of the Beer & Hospitality Tent on Main Street during Market Days 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 Since 22 2017 | | | |
| I approve the use of the Beer the Spitality TENT ON INCURST Days 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: | | | |
| Print Police Chief's First & Last Name: | | | |
| accessibility of the premises is concerned, the premises are safely accessible with authorized capacity of | | | |
| Fire Chief's Signature: | | | |
| Print Fire Chief's First & Last Name: Daniel L. Andres | | | |
| I approve the use of the BEER of the spitality TENT ON MAINST in so far as health and sanitary conditions are concerned. The premise meets health requirements. | | | |
| Health Officer Signature: Lugerie a Blate | | | |
| Print Health Officer's First & Last Name: Eugene A. Blake | | | |



CITY OF CONCORD

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

March 14, 2017

Scott Dunn, Acting Director NH Liquor Commission Division of Enforcement and Licensing 57 Regional Drive Suite 8 PO Box 1795 Concord, NH 03302

Mr. Dunn

This letter is in response to the request from the NH State Liquor Commission for the City of Concord to give approval for a tent erected on North Main St between Warren and School Streets for Concord Market Days Thursday, Friday, and Saturday June 22, 23, 24, 2017.

The City Council has given approval for street closure for those 3 days, the City Health and Licensing Officer has issued a permit for the event & the tent. Along with the City Council, the Police Dept. and the Health & Licensing Office, the Health & Licensing Officer has approved the sale of alcoholic beverages (beer & wine) under that tent in a roped off area with one entrance & exit and will be issuing a permit for that part of the event. The Fire Dept. will be inspecting the tent on the morning that the tent is being erected.

Sincerely,

Eugene A Blake

Health & Licensing Officer



BOARD OF DIRECTORS

Nathan Warecki President Nixon & Peabody

Greg Lessard *Vice President* Concord Food Co-op

Michael Herrmann Treasurer Gibson's Bookstore

Julie Lacey Secretary
Merrimack County Savings Bank

Elyssa Alfieri Lilise Designer Resale

Valerie Blake Greater Concord Chamber of Commerce

Rick Johnson The Beech Hill School

Angie Lane New Hampshire Public Radio

Bill Peterson Idwana & Divine Clothing Co.

Polly Saltmarsh NH Federal Credit Union

Johane Telgener Concord Hospital Center for Health Promotion

Rich Woodfin Charter Trust Company

Matt Walsh City of Concord March 29, 2017

New Hampshire Liquor Commission Division of Enforcement and Licensing P.O. Box 1795 Concord, NH 03302

Re: Intown Concord, Inc.'s Liquor License

Dear Sir or Madam:

Please accept this letter as my appointment of Kate Fleming, Intown Concord, Inc.'s Events and Outreach Coordinator, as the Person-in-Charge of our organization's Market Days Festival Beer and Hospitality Tent.

The 43rd Annual Market Days Festival will take place on Concord, New Hampshire's Main Street from June 22 to June 24, 2017.

If you have any questions or concerns, please do not hesitate to contact me directly.

Sincerely,

Nathan P. Warecki President

49 South Main St. #202 Concord, NH 03301 303-226-2150

www.intownconcord.org

New Hampshire Liquor Commission

Management Training Seminar

M.T.S.

Certificate of Attendance

KATE Tleming No. 1978

Student Name

Student Name

Annual Training Recommended

Date



State of New Hampshire Liquor Commission Division of Enforcement & Licensing



AFFIDAVIT

This affidavit is filed with the Liquor Commission's Division of Enforcement & Licensing in support of *my ownership*, *management control*, *employment by a business licensed*, or *applying for* a license to sell alcoholic beverages and tobacco under Chapter 178 of the Revised Statutes Annotated.

| ١, | Kate Fleming | b | eing duly sworn do | depose and say: | | | | | | |
|------|--|--|---------------------|-----------------------|--|--|--|--|--|--|
| | (Print Name) | | | • | | | | | | |
| 1. | Business Trade Name: Intown Concor | d, LLC | Liquor Lic# | | | | | | | |
| | Address 49 South Main Street Suite 202 | Concord | NH | 03301 | | | | | | |
| | (No Street) | (City / Town) | (State) | (Zip) | | | | | | |
| | Mailing Address | | | | | | | | | |
| | (No Street) | (City / Town) | (State) | (Zip) | | | | | | |
| 2. | l live at: 1 Flume Street | Concord | NH | 03303 | | | | | | |
| | (No Street) | (City / Town) | (State) | (Zip) | | | | | | |
| 3. | I was born in Rhode Island | on December | 23, 1977 | 39 | | | | | | |
| | (POB: i.e. State, or Province if Canada, Coun | try if foreign) (Da | e of Birth) | (Age) | | | | | | |
| | Home phone 718-450-0646 | Male Female Race whit | e | | | | | | | |
| 4. | ■ I am I am not a citizen of the United | Ctatas | | | | | | | | |
| ٠. | | | | | | | | | | |
| | If not a citizen, R.A. Document # or other Ide | ntification submitted | | | | | | | | |
| 5. | I understand RSA 178:4 & RSA 179:23, I | V, prohibit convicted felons from | n holding a licen | se to sell alcohol or | | | | | | |
| | I understand RSA 178:4 & RSA 179:23, IV, prohibit convicted felons from holding a license to sell alcohol or assuming control of licensed premise. By signing this affidavit I swear this information is true and accurate | | | | | | | | | |
| | and that this document is signed under th | e penalty if false swearing (RSA | 641:2) | | | | | | | |
| 6. | Have you ever been charged with a crime? | Yes 🗌 No 🔳 If yes, were you con | victed of a felony? | Yes No No | | | | | | |
| 7. | I am filing this document in support of my em | ployment as a | | | | | | | | |
| | ☐ Corporate Officer ☐ POA | Person in Charge | | | | | | | | |
| | ☐ Partner ☐ LLC Member | ☐ Proprietor | | | | | | | | |
| | LLC Manager Manager | Title/Position | | | | | | | | |
| | | | | | | | | | | |
| | RSA 179:23, IV requires the licensee to de Licensee's absence. | signate one or more people to be | in charge of the | premise in the | | | | | | |
| В. | I swear before the Justice of Peace or Nota | ry Public that this information is tru | ie and accurate | and that this | | | | | | |
| | document is signed under the penalty if false | swearing (RSA 641:2) | are and accurate, a | and that this | | | | | | |
| Dia. | Allow i | D | 2/16/11- | 7 | | | | | | |
| sigi | nature The TUCMUS | Date _ | 5/17/1 | / | | | | | | |
| | W / | | 7 | | | | | | | |
| Cou | inty Merrinack | SS. Date | 3/14/10 | | | | | | | |
| er: | sonally appeared before me | - 10 | own to be the pers | on who executed | | | | | | |
| and | made oath that the same is true. (Affia | ant Name) | | on one one one | | | | | | |
| | | | F3 010 | ŷ. | | | | | | |
| | SEA | | 7.016 | co- | | | | | | |
| | MAIL ORIGINAL TO: NHLC | Justice of Peac Division of Enforc | e / Notary Public | acoust - | | | | | | |
| | MAIL ORIGINAL 10: NALC | PO BOX 1795, | | | | | | | | |
| | | TO DON TIGO, | CONCOLU I | III USSUZ | | | | | | |

INTOWN CONCORD

CONCORD, NH 03301 603.226.2150



E/Shale* Check Fraud

3/20/2017

TO THE State of New Hampshire

\$ **325.00

Three Hundred Twenty-Five and 00/100******

DOLLAR

State of New Hampshire



TWO SIGNATURES REQUIRED FOR AMOUNTS OF \$1,000 OR MORE

AUTHORIZED SIGNATURE

мемо

NH liquor license for Market Days Festival, Concord,

"OD 2981" :: 211470 225:: 30 00 067003"

INTOWN CONCORD

State of New Hampshire

3/20/2017

NH liquor license for Market Days Festival, Concord,

325.00

2981

Checking Account

NH liquor license for Market Days Festival, Conc

325.00

INTOWN CONCORD

State of New Hampshire

3/20/2017

NH liquor license for Market Days Festival, Concord,

325.00

2981

275

Checking Account

NH liquor license for Market Days Festival, Conc

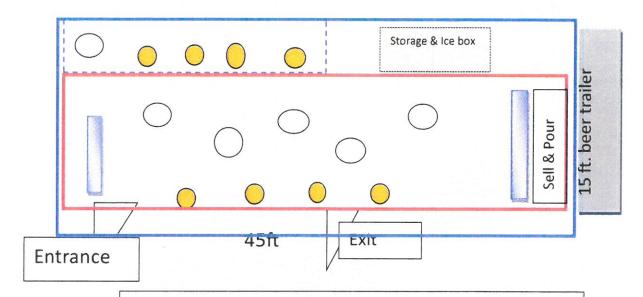
325.00



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 22-24, 20 | | | | |
| THE FOLLOWING PERSONS WILL BE SERVING ALCOHOL FOR THIS FUNCTION: | | | | |
| NAME: STREET ADDRESS: CITY/TOWN, ZIP CODE: DATE OF BIRTH: PLACE OF BIRTH: | Nathan Warecki Liberty Street Concord, NH 03301 6/29/83 Concord, NH | | | |
| NAME: STREET ADDRESS: CITY/TOWN, ZIP CODE: DATE OF BIRTH: PLACE OF BIRTH: | Gerry Carrier 96 Knox Road Bow, NH 03304 11/11/49 Dover, NH | | | |
| NAME: STREET ADDRESS: CITY/TOWN, ZIP CODE: DATE OF BIRTH: PLACE OF BIRTH: | Johane Telgener 81 Warren Street Concord, NH 03301 4/17/58 Montreal, Quebec, Canada | | | |
| NAME: STREET ADDRESS: CITY/TOWN, ZIP CODE: DATE OF BIRTH: PLACE OF BIRTH: | Matt Walsh 18 Mandevilla Lane Concord, NH 03301 6/26/77 Nashua, NH | | | |
| NAME: STREET ADDRESS: CITY/TOWN, ZIP CODE: DATE OF BIRTH: PLACE OF BIRTH: | Rich Woodfin 11 Harvard Street Concord, NH 03301 10/12/63 Concord, NH | | | |



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

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. Storage location for ice box is on furniture zone –access to power
- 6. Christmas lights—strung on post around outside garden
- 7. Blue is French barricades 20 ft in lenght
- 8. Red is the tent.

Procedures: The Beer/Wine Hospitality Tent is operated by Intown Concord, Kate Fleming & Michelle Johnson 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 monitored (and staffed at peak hours in evening) to insure beer/wine is not removed from the tent or garden area. Chips and crackers, water, soda will be available in the tent for sale.

No smoking allowed.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/13/2017

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.

| the | PORTANT: If the certificate holder terms and conditions of the policy rtificate holder in lieu of such endor: | , certain | n policies may require an o | policy(ie endorsem | es) must be nent. A stat | endorsed. ement on th | If SUBROGATION IS is certificate does n | S WAIVED |), subject to rights to the |
|---|---|-----------|-----------------------------|-------------------------------|-----------------------------|----------------------------|--|--------------|-----------------------------|
| PRODUCER | | | | CONTACT NAME: | Fairley | Kenneal! | Ly | | |
| E & S Insurance Services LLC | | | | | Ext): (603) | 293-2791 | FAX (A/C. | No): (603) 2 | 93-7188 |
| 21 | Meadowbrook Lane | | | E-MAIL ADDRESS | fairley | @esinsura | | | |
| PO | Box 7425 | | | INSURER(S) AFFORDING COVERAGE | | | | NAIC # | |
| Gil | ford NH 032 | 247-74 | 425 | INSURER | | | nce Company | | 11185 |
| INSU | RED | | | INSURER | B: | | | | |
| INT | OWN CONCORD INC. | | | INSURER | | | | | |
| 49 | SOUTH MAIN STREET SUITE 2 | 02 | | INSURER | | | | | |
| | | | | INSURER | E: | | | | |
| CON | CORD NH 033 | 301-40 | 026 | INSURER | F: | | | | |
| COV | /ERAGES CER | TIFICA | TE NUMBER:2017-18 | | | | REVISION NUMBER | R: | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIC INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. | | | | | WHICH THIS | | | | |
| INSR | TYPE OF INSURANCE | ADDL SUI | | | POLICY EFF MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | 1 | LIMITS | |
| | X COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | \$ | 1,000,000 |
| A | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence | e) \$ | 1,000,000 |
| | | | PPS042268962 | | 6/14/2017 | 6/14/2018 | MED EXP (Any one person | 1) \$ | 10,000 |
| | | | | | | | PERSONAL & ADV INJUR | Y \$ | 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | X POLICY PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP A | AGG \$ | 2,000,000 |
| | OTHER: | | | | | | HIREA | \$ | 1,000,000 |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | |
| | ANY AUTO | | | | | | BODILY INJURY (Per person | on) \$ | |
| ALL OWNED SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per accid | dent) \$ | j |
| | HIRED AUTOS NON-OWNED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | 70.00 | | | | | | | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | s | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is an additional insured (CGL) as required by signed contract with the named insured for use of bleachers Market Days Festival June 22, June 23, and June 24, 2017

| CERTIFICATE HOLDER | CANCELLATION | | | |
|--|--|--|--|--|
| City of Concord 1 White 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. | | | |
| Concord, Nii OSSOI | AUTHORIZED REPRESENTATIVE | | | |
| | F Kenneally/FAIRLE Tainby Kenneally | | | |

© 1988-2014 ACORD CORPORATION. All rights reserved.

STATUTE

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT

AGGREGATE

\$

\$

EXCESS LIAB

WORKERS COMPENSATION

AND EMPLOYERS' LIABILITY

RETENTION \$

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

DED

OCCUR

CLAIMS-MADE