



RECEIVED

JAN 18 2022

Planning/Zoning
City of Laconia

Application #:
Fees Paid:
Check #:
Receipt #:

PL2022-0005
waiver requested

SPECIAL EVENT
APPLICATION

New Special Event

Special Event Renewal (No Changes)

Name of Event: LAKESIDE CRAFT SHOW

Type of Event: ARTS & CRAFTS FAIR

Date(s) of Event: JULY 30-31, 2022 Time of Event: SAT 10AM-5PM
SUN 10AM-4PM

Tax Map/ Lot # (s): _____ Zoning District (s): _____

Street Address: 70 ENDICOTT ST., N. -

Number of Parking Spaces: 200+ Number of Venders: 70 Number of Tents and Sizes: 70-10x10
TENTS

Parks Approval: _____ Loudspeaker Hours: _____ Non-Profit (501C-3) ID #: _____

Detailed Description of Event: THIS WILL BE A BEAUTIFUL ARTS & CRAFTS FAIR WITH A VARIETY OF MEDIA INCLUDING CEDAR WOOD FURNITURE, HANDCRAFTED JEWELRY, WROUGHT IRON CREATIONS, FINE ART, AERIAL PHOTOGRAPHY, SUBLIMATION ART, CHAINSAW ART, WOODEN CRAFTS, QUILTS, GLASS ART, ETC.

I hereby make application to the City of Laconia for the above-referenced property(s) and the development as described. To the best of my knowledge, the information provided herein is accurate and is in accordance with Chapter 195 of the Laconia City Ordinances. The Special Events Committee and/or City employees are authorized entrance to the property(s) for purposes of reviewing this proposal. I understand that I, or my agent, is responsible for appearing for any and all meetings before the Special Events Committee.

Sign as appropriate (If agent or non-person please attach certification)

APPLICANT

AGENT

PROPERTY OWNER
PLEASE SEE LETTER

Printed Name: JOYCE ENDEE

Signature: Joyce Endee

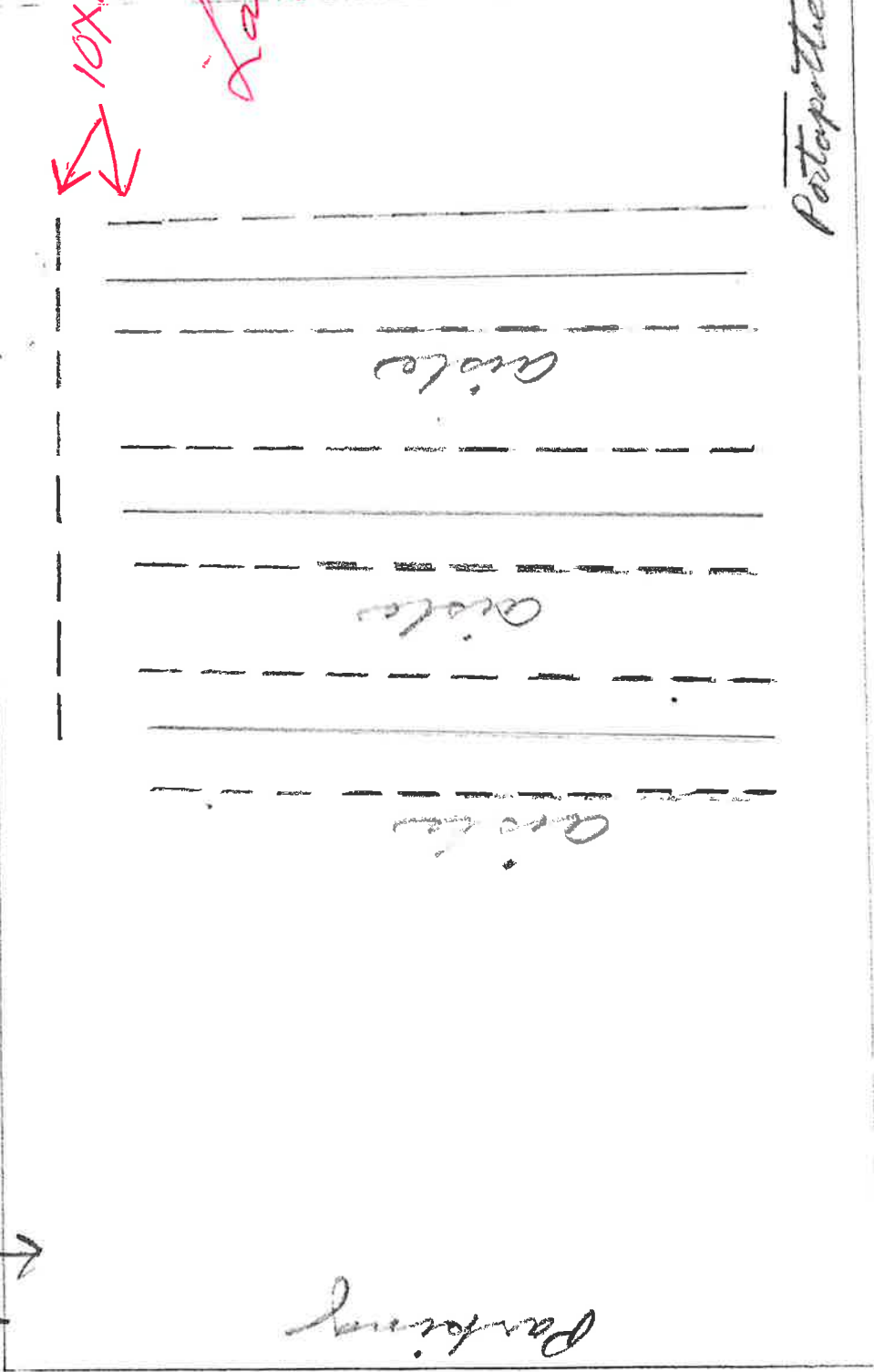
Date: January 18, 2022

DUE AT SUBMISSION:

- ALL FEES
- COMPLETED APPLICATION CONTACT WORKSHEET
- COMPLETED CHECKLIST FOR EVENT
- 10 COPIES OF ENTIRE SPECIAL EVENT APPLICATION AND SUPPORTING DOCUMENTATION

Rte. 3

70 Endicott St., N.



10x10 BACK-TO-BACK TENTS

Layout

RESTAURANT

Partapothies

— = 10x10 TENT

Craft Fair



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/11/2022

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 have ADDITIONAL INSURED provisions or 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 Liberty Mutual Insurance PO Box 188065 Fairfield, OH 45018	CONTACT NAME: PHONE (A/C, No, Ext): 800-962-7132 FAX (A/C, No): 800-845-3666	
	E-MAIL ADDRESS: BusinessService@LibertyMutual.com	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Ohio Security Insurance Company		24082
INSURED Joyce Endee Joyce's Craft Shows Joyce Endee Productions 1 Ox Bow Ln Gilford NH 03249	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 66226574 **REVISION NUMBER:**

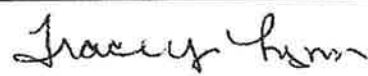
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		BKS61025771	2/14/2022	2/14/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						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 DED 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						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Laconia is Additional Insured if required by written contract or written agreement subject to General Liability Blanket Additional Insured Provision.
 70 Endicott LLC for craft show
 Show Dates: July 29-31 2022

CERTIFICATE HOLDER **CANCELLATION**

City of Laconia 45 Beacon St East Laconia NH 03246	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  Tracey Lynn

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Laconia, NH



January 18, 2022

1 inch = 120 Feet



www.cai-tech.com



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