



SPECIAL EVENT Application

Application # PL2019-0031
Fees Paid _____

RECEIVED
Receipt Stamp
MAR 18 2019

Event Approved Prior Year Revised Event New Event

Planning/Zoning
City of Laconia

(Please note that ANY change is considered a revision)

A. PROPERTY INFORMATION: If more than 1 lot is used, please list each parcel identification number below:

Street Address 211 LakeSide Ave. Parking-221-231
 Business Name: Daniel Webster Council BSA
 **Property Owner(s): NH Veteran's Association
 Mailing Address: attn Winni Derby
571 Holt Ave
Manchester NH 03109
 Emergency Contact Person: John Rainville
 Emergency Phone #: 603-289-1487
 E-Mail: John.Rainville@scouting.org
 Non Profit ID #: (501C-3 Required): 02-0222115
 Park Approvals, if Required: _____
 Certificate of Liability (if held on city property/street): _____
 Tent Size & Occupancy: _____
 Number of Food Vendors, Space #: _____
 Loudspeaker Hours, if requested, per Section 161-2: _____

Number Acres Total: _____
 Date(s) of Event: 5/16-19 Times: 8-9pm
 Type of Event: Bike Week Boat Show
 Car Show Carnival/Amusements Concert
 Craft Fair/Flea Market Exhibit Exposition
 Festival Outdoor Market Parade
 Pyrotechnic Display Swap Meet
 Other Fishing Tournament
 #of Vendors: _____ Vending Hours: _____
 Parking: # Spaces & Sq Footage: _____/_____

To Be Filled Out By City:
 Zoning District(s): _____
 Current Land Use(s): _____
 Map _____ Street _____ Lot _____

B. PARTIES INVOLVED - Will receive Notices of Action

APPLICANT Daniel Webster Council BSA	AGENT John Rainville
Address: 571 Holt Ave Manchester NH 03109	Address 571 Holt Ave Manchester NH 03109
Phone 603-625-6431	Phone: 603-625-6431
Cell Phone:	Cell Phone: 603-289-1487
Fax:	Fax:
email:	email: John.Rainville@scouting.org

**** If the applicant does not reside or have a place of business in the City of Laconia, the property owner who does shall be authorized to and agree to accept notices or summonses with respect to violations of law.**

**City of Laconia, New Hampshire
Application for Special Event**

C. PROPOSAL DESCRIPTION - Use the space following to write a brief description of the development proposal and how it will affect the existing use of the property. Please describe any special features on the site. List type of merchandise to be sold by any vendors. If city streets/highways are being used, attach map showing route, along with temporary traffic order.

Weigh Station for the 36th Winni Derby Fishing Tournament. Fisherman will bring fish to be weighed by Tournament Staff for three days - Friday 5/17 8-9p Saturday 5/18 8-9p Sunday 5/19 8a-1pm
Parking Spots #231 229 227 225 223 221

D. ENTERTAINMENT PROPOSED: List all specific entertainment uses, and if loudspeaker is proposed, as defined by the City Code, Section 161-2, i.e. bands, dancing, games of chance, performance, exhibit, or entertainers. List proposed hours of use for any loudspeakers. These uses must be approved by the Special Events Committee.

N/A

E. CHECKLIST (See Attached Sheet):

Use the attached checklist to include all information in your application, and to ensure your application is complete. The checklist must be completed and returned with the application if applicable.

F. APPLICATION AUTHORIZATION

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.

Signature of Property Owner: _____ Date _____

Property Owner: Printed Name: _____

Signature of Applicant:  _____ Date 3/15/19

Applicant: Printed Name: JOHN RAINVILLE

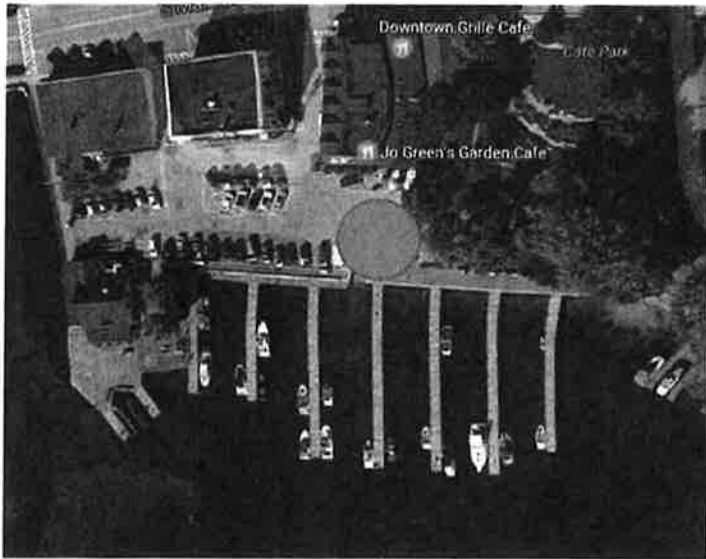
Please submit your completed application to: **Planning Department, 45 Beacon St. East, Laconia, NH 03246**

Tel: 603-527-1264 Fax: 603-524-2167 Email: planning@laconianh.gov

Weirs Beach Weigh Station.



Wolfeboro Town Docks Weigh Station.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/14/2019

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 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 MHBT, a Marsh & McLennan Agency, LLC company 8144 Walnut Hill Lane, 16th Fl Dallas TX 75231	CONTACT NAME: Jane Passino PHONE (A/C, No, Ext): 972-770-1600 E-MAIL ADDRESS: Jane_Passino@mhbt.com	FAX (A/C, No): 972-770-1699
	INSURER(S) AFFORDING COVERAGE	
INSURED BSAFLCA Boy Scouts of America, National Council and All of its affiliates and subsidiaries Daniel Webster Council - 330 571 Holt Avenue Manchester, NH 03109	INSURER A: Evanston Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 35378

COVERAGES **CERTIFICATE NUMBER:** 226048252 **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	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"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		MKLV4PBC000310	3/1/2019	3/1/2020	EACH OCCURRENCE	\$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
	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/A				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)
Certificate holder is named as an additional insured by virtue of a written or oral contract or by the issuance/existence of a permit or certificate of insurance but only with respect to operations by or on behalf of the Insured, or to facilities of, or facilities used by the Insured and then only of the limits of liability specified in such contract for the event specified herein.
Daniel Webster Council, Boy Scouts of America and the Winni Derby Committee will utilize 6 Parking Spots on the East side of Lakeside Avenue near the crosswalk to the public docks (approximately 211 Lakeside Avenue) for a Weigh-In Station during the 36th Annual Winni Derby to be held May 17, 2019 to May 19, 2019.

CERTIFICATE HOLDER City of Laconia 45 Beacon Street East Laconia, NH 03246	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
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