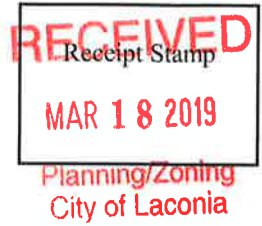




SPECIAL EVENT Application

Application # PL2019-0035mc
Fees Paid 175-2711



Event Approved Prior Year Revised Event New Event

(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 1184 Weirs Boulevard _____

Number Acres Total: 1

Business Name: _____

Date(s) of Event: _____ Times: _____

**Property Owner(s): Denis Bourque

Type of Event: Bike Week Boat Show

Mailing Address: 119 Dockham Shore Road, Gilford, NH 03249

Car Show Carnival/Amusements Concert

Craft Fair/Flea Market Exhibit Exposition

Festival Outdoor Market Parade

Pyrotechnic Display Swap Meet

Other _____

Emergency Contact Person: Denis Bourque

Emergency Phone #: 701-844-0444

of Vendors: 0 Vending Hours: NA

E-Mail: BoatNH@aol.com

Parking: # Spaces & Sq Footage: _____/_____

Non Profit ID #: (501C-3 Required): _____

Park Approvals, if Required: _____

Certificate of Liability (if held on city property/street): _____

Tent Size & Occupancy: NONE

Number of Food Vendors, Space #: NONE

Loudspeaker Hours, if requested, per Section 161-2: NA

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	AGENT
Denis Bourque	SAME
Address:	Address
<u>119 Dockham Shore Road, Gilford, NH 03249</u>	
Phone	Phone:
Cell Phone: <u>701-844-0444</u>	Cell Phone:
Fax:	Fax:
email:	email:

**** 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.

PARKING	NO CHANGES	50 CARS

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.

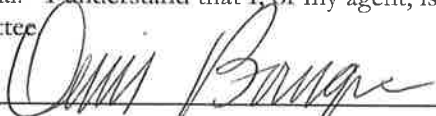
NONE	

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 03/12/2019

Property Owner: Printed Name: Denis Bourque

Signature of Applicant:  Date 03/12/2019

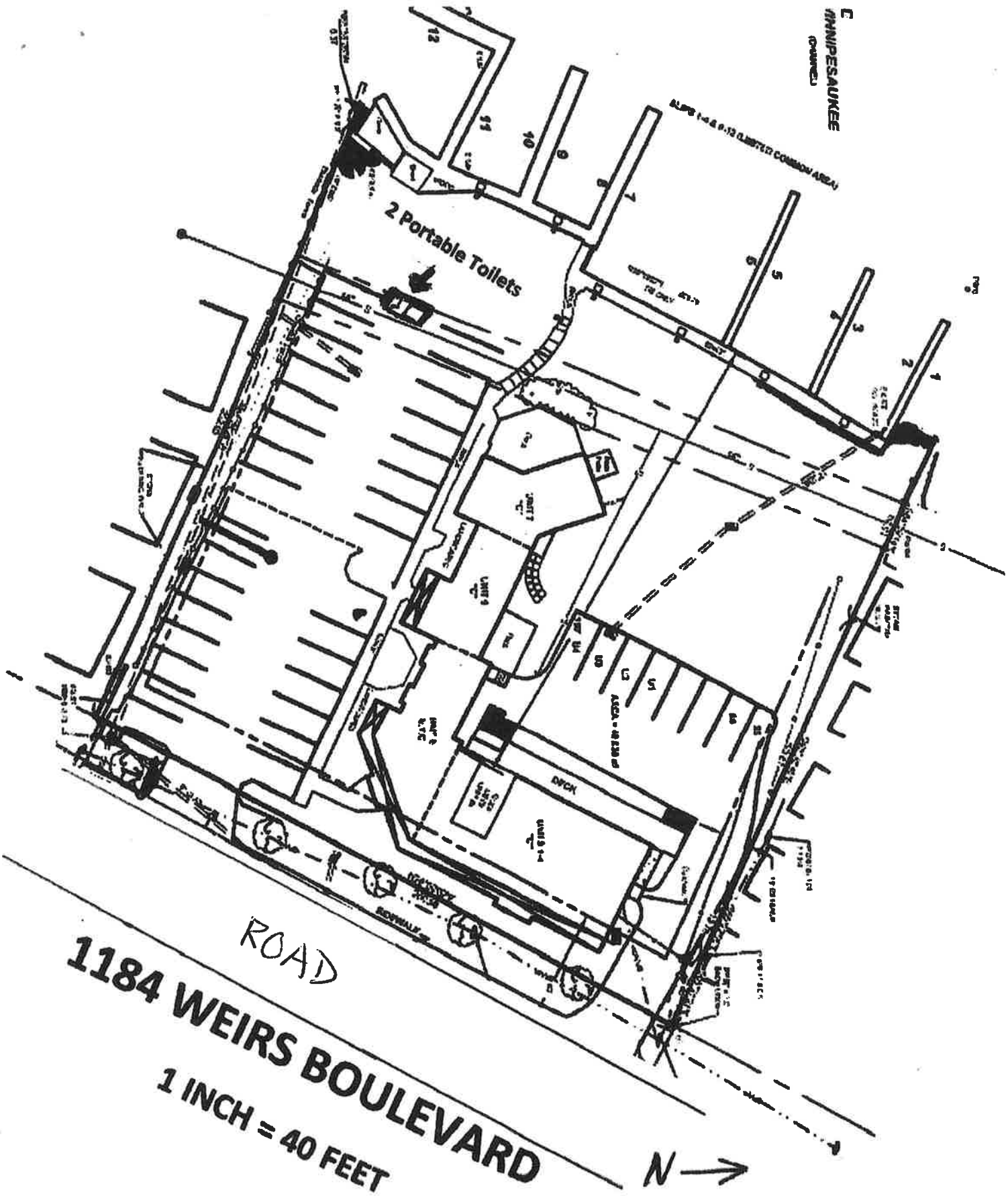
Applicant: Printed Name: Denis Bourque

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

MINNESAPOLIS
(DRAFT)

ALPH 1-4 & 9-12 LIMITED COMMON AREA

2 Portable Toilets



ROAD
1184 WEIRS BOULEVARD
1 INCH = 40 FEET

N →

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/08/2019

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 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 any rights to the certificate holder in lieu of such endorsement(s).


PRODUCER Sullivan Insurance Group, Inc. 72 River Park Needham, MA 02494	CONTACT NAME: PHONE (A/C, No, Ext): 781-449-8323		FAX (A/C, No): 781-449-5419	
	E-MAIL ADDRESS:			
INSURED Denis Bourque 119 Dockham Shore Road Gilford, NH 03249	INSURER(S) AFFORDING COVERAGE		NAIC #	
	INSURER A : Penn America Insurance Company			
	INSURER B :			
	INSURER C :			
	INSURER D :			
	INSURER E :			

COVERAGES **CERTIFICATE NUMBER:** **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 SUBR INSR 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 <input checked="" type="checkbox"/> BI/PD Ded:250 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		PAC7126406	05/08/2018	05/08/2019	EACH OCCURRENCE \$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000
						MED EXP (Any one person) \$5,000
						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? Y / N (Mandatory in NH) <input type="checkbox"/> N / A 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)
RE: 1184- 1187 Weirs Blvd. Laconia, NH

CERTIFICATE HOLDER City of Laconia 45 Beacon St. 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 
--	--

Proposal

Dave's Septic Service
PO BOX 5193
Manchester NH 03108
Tel: 603-668-3402

Date: 3-6-19

Customer Name: Denis Bourque
Address: 119 Dockham Shore Rd
City, State, Zip: Gilford NH 03249
Phone Number: 781-844-0444
Site # 37566
Fax NUMBER:

Delivery Address: Denis Bourque
1184 Weirs Blvd
Laconia, NH 03249

# Units	Unit Type	Delivery Date	P/U Date
1	Standard	May 15 2019	Oct 15 2019
1	Standard	June 7 2019	June 17 2019

Service for May 1 2019-Oct 31 2019 will be done once weekly.
Service for Bike week will be June 9th, 10th, 15th and 16th.

Total price: \$600.00

*price includes all paper products, delivery fees & tax

Signature:  Date: 3/12/19

*Please Sign and Return Proposal

Thank You,

Maureen Foshier-Shatney
Dave's Septic Representative
1-800-672-3402
maureens@davesseptic.net

*Customer agrees to indemnify and hold harmless Dave's Septic Service Inc. from all claims for loss of or damage to property or personal injuries, including death, resulting from or arising out of customer's use of the rental unit.