

RECEIVED

TOWN OF SEABROOK, NH
HAWKERS, PEDDLERS AND SOLICITORS ORDINANCE
APPENDIX A
LICENSE APPLICATION

JUL 02 2020
TOWN OF SEABROOK, NH
TOWN MANAGER'S OFFICE

DATE: 05/13/2020

TYPE OF LICENSE (ATTACH COPY OF STATE LICENSE)
[] HAWKERS & PEDDLERS (FEE = \$50.00)
[] ITINERANT VENDOR (FEE = \$250.00)

APPLICANTS NAME Erin D Candiano

ADDRESS 37 Walton Rd, Seabrook NH 03874

HOME TELEPHONE ()

BUSINESS PHONE (603) 9189484

EMERGENCY PHONE ()

E-MAIL ADDRESS edcandiano@gmail.com

TYPE OF BUSINESS Mobile food stands

FOOD SALES: YES (ATTACH SEABROOK HEALTH OFFICE LICENSE) [] NO

SALES LOCATION 58 Lafayette Rd Seabrook NH

SALES AREA SIZE 50+ft

TYPE OF VEHICLE/EQUIP. (LIMIT 1 CART/STAND AND 1 VEHICLE PER LICENSE)
(MAKE & MODEL) Sausage Stand

VEHICLE REGISTRATION (ATTACH PHOTOGRAPH OF VEHICLE AND SALES EQUIP.)
(STATE & NUMBER) 48BTE16295A075316 License Plate CanDoA

EMPLOYEE IDENTIFICATION: (LIST THE NAMES OF ALL EMPLOYEES INCLUDING THE APPLICANT) (ATTACH A COPY OF DRIVER'S LICENSE FOR EACH NAME)

Erin DCandiano

Timothy Currier
Steven Candiano



I, Erin D Candiano, do hereby certify that I have read and understand the Town of Seabrook Hawkers, Peddlers and Solicitors Ordinance. I am aware that a license issued under this Ordinance applies only to the vehicle and employees listed herein. I promise that my employees and I will comply with the terms of the Ordinance at all times and I understand that this license may be revoked as provided in the Ordinance. Furthermore, I certify that my employees and I are legally qualified to work in the United States.

Verified by PDFfiller
05/26/2020

SIGNATURE OF LICENSEE/APPLICANT

Erin Candiano

TOWN OF SEABROOK, NH
HAWKERS, PEDDLERS AND SOLICITORS ORDINANCE
APPENDIX A
LICENSE APPLICATION
PAGE 2

↓FOR TOWN USE ONLY↓

- Copy of State License Attached
- Photograph of Vehicle and Sales Equipment Attached
- Copy of Drivers License for all Employees Attached
- Copy of Insurance Certificate Attached

RECOMMENDATION OF POLICE CHIEF: APPROVE DENY
SPECIAL CONDITIONS (IF ANY):
INITIALS: JSW 6/8/2020

- Criminal Background Check/Copy Attached
- Motor Vehicle Background Check/Copy Attached

RECOMMENDATION OF HEALTH OFFICER APPROVE DENY
SPECIAL CONDITIONS (IF ANY):
INITIALS: JH 6-10-2020

- Copy of Town Health Office License Attached NOT APPLICABLE

BY ACTION OF THE SEABROOK BOARD OF SELECTMEN ON THE _____ DAY OF _____, 20__; THIS LICENSE IS APPROVED DENIED

SPECIAL CONDITIONS (IF ANY): _____

SIGNATURES OF THE BOARD OF SELECTMEN (The Issuing Authority)

DATE OF ISSUE _____
(License expires one year from the date of issue unless revoked sooner.)

THIS LICENSE MUST BE POSTED AT ALL TIMES



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/14/2020

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 Eastern Insurance Group LLC 233 West Central St Natick MA 01760	CONTACT NAME: Penny McNeil PHONE (A/C No., Ext): (800) 333-7234 FAX (A/C No): E-MAIL ADDRESS: pmcneil@easterninsurance.com
INSURED Carmelo's LLC 37 Walton Road Seabrook NH 03874	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Northfield Insurance Company INSURER B: Hartford Accident & Indemnity 22357 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 2020 Master **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 INSD 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"/> PROJECT <input type="checkbox"/> LOC OTHER:		WS372153A	3/15/2020	3/15/2021	EACH OCCURRENCE \$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
						MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMPI/OP AGG \$ 2,000,000
						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<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					BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS					EACH OCCURRENCE \$
						AGGREGATE \$
						\$
B	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	3/21/2020	3/21/2021	PER STATUTE OTH-ER
						E.L. EACH ACCIDENT \$ 500,000
						E.L. DISEASE - EA EMPLOYEE \$ 500,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Food Stand at 58 Lafayette Road, Seabrook, NH 03874

CERTIFICATE HOLDER Town of Seabrook 99 Lafayette Road Seabrook, NH 03874	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 John Koegel/PMCNEI
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ACORD 25 (2014/01)
INS025 (201401)

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The State of New Hampshire
Hawker & Peddler State License
Department of State



Erin Candiano
(not valid unless signed by Applicant)

Date May 19, 2020

This certifies that in accordance with RSA Chapter 320

Erin Candiano of **37 Walton Road, Seabrook, NH 03874**
has filed in this office an application in proper form for a Hawker & Peddler's
State License.

A license is hereby granted to the said Erin Candiano to sell, throughout the state, any goods, wares
and merchandise, the sale of which is not prohibited by the laws of this state.

Date of Birth 5/30/1965 Height 5'9" Weight 160

Color of Hair Brown Color of Eyes **Blue**

Distinguishing Characteristics **None**

License Number **2020/095**

This License Expires May 19, 2021

[Signature]

Deputy Secretary of State

This license may be laminated

Carmelo's LLC
37 Walton Rd
Seabrook NH 03874

To whom it may concern:

We have applied for an been approved for a NH Meals and Rentals license. Our license number is 100521.

Thank you,

Sincerely,



Erin D Candiano

ERIN D CANDIANO

978-490-5424 EDCANDIANO@MSN.COM

CanDo Ventures

Food Court Cafeteria

Carmelo's

DesignsByEDC

37 Walton Rd

947 Park St

18 Broadway

37 Walton Rd

Seabrook NH 03874

Attleboro MA 02703

Salisbury Beach MA 01952

Seabrook NH 03874

www.CanDoVentures.biz

www.FoodCourtCafeteria.com

www.Carmelos.pizza

www.DesignsbyEDC.com



Robert L. Quinn
Commissioner of Safety

State of New Hampshire

**DEPARTMENT OF SAFETY
DIVISION OF MOTOR VEHICLES**
STEPHEN E. MERRILL BUILDING
23 HAZEN DRIVE, CONCORD, NH 03305
Telephone: (603)227-4000 TDD Access Relay NH 7-1-1



Elizabeth A. Bielecki
Director of Motor Vehicles

Driver Record Report – Driver History

Date of Print: **06/03/2020**

Requestor:

**STEVEN G CANDIANO
37 WALTON RD
SEABROOK NH - 038744518**

Driving Record of: TIMOTHY EUGENE

**CURRIER
20 THOMPSON DR
NORTHWOOD NH - 032614111
12/13/1960
NHI16256527**

CERTIFIED COPY SHOWING CONVICTIONS, ACCIDENTS, HEARINGS, MAIL RETURN ADDRESS UPDATES AND SANCTIONS.
NO PROOF OF FINANCIAL RESPONSIBILITY (SR-22) IS REQUIRED
ADDRESS SHOWN REFLECTS MOST CURRENT ADDRESS APPEARING ON THE FILES OF THE DIVISION OF MOTOR VEHICLES.
NOT UNDER SUSPENSION OR REVOCATION AS OF THIS DATE

ID Number: NHL19157503	Credential Type: DRIVER LICENSE	DL Class: D
Issue Date: 12/12/2019	Expiration Date: 12/13/2024	

Medical Certificate			
Type of Certificate: NON-EXCEPTED INTERSTATE	Status: NOT CERTIFIED	Issue Date: 03/18/2019	Expiration Date: 03/18/2020
Wearing Corrective Lens: NO	Wearing Hearing Aid: NO	Driving within an Exempt Intercity Zone(49 CFR 39): NO	
Qualified by Operation of 49 CFR 391.64: NO	Accompanied by an SPE: NO	Accompanied by a vision waiver/exemption: NO	
Medical Examiner Name: KATE O'DOUGHERTY	Telephone: 8663892727	Qualification: AN-ADVANCED PRACTICE NURSE	
License/Certification Number: 065013-23	Issuing State: NH	National Registration Number: 8144016047	
Date the Medical Examiner Certificate was posted to CDLIS: 03/18/2019			

Also Known As /Formerly Known As [AKA/FKA]				
Last Name	First Name	Middle Name	Suffix	Date of Birth
CURRIER	TIMOTHY	EUGENE		12/13/1960
CURRIER	TIMOTHY	F		12/13/1960

CONVICTION DATE: 06/14/2018	RSA/ACD: S92	DESCRIPTION: SPEEDING – REGULATED OR POSTED SPEED LIMIT AND ACTUAL SPEED (DETAIL REQUIRED)
COURT:	PD:	VIOLATION DATE: 05/30/2018
CITATION NUMBER:	PLEA:	DISPOSITION: GUILTY
DEMERIT POINTS: 3		CONVICTION TYPE: OUT OF STATE VIOLATION
CHARGE ID:	DOCKET: 129188507	JURISDICTION CODE: MA

*** END OF DRIVER HISTORY ***

CERTIFIED - TRUE & CORRECT



Director of Motor Vehicles



Robert L. Quinn
Commissioner of Safety

State of New Hampshire

DEPARTMENT OF SAFETY
DIVISION OF MOTOR VEHICLES
STEPHEN E. MERRILL BUILDING
23 HAZEN DRIVE, CONCORD, NH 03305
Telephone: (603)227-4000 TDD Access Relay NH 7-1-1



Elizabeth A. Bielecki
Director of Motor Vehicles

Driver Record Report – Driver History

Date of Print: 06/03/2020

Requestor:

STEVEN G CANDIANO
37 WALTON RD
SEABROOK NH - 038744518

Driving Record of: STEVEN G CANDIANO

37 WALTON RD
SEABROOK NH - 038744518
07/18/1961
NHI11952290

CERTIFIED COPY SHOWING CONVICTIONS, ACCIDENTS, HEARINGS, MAIL RETURN ADDRESS UPDATES AND SANCTIONS.
NO PROOF OF FINANCIAL RESPONSIBILITY (SR-22) IS REQUIRED
ADDRESS SHOWN REFLECTS MOST CURRENT ADDRESS APPEARING ON THE FILES OF THE DIVISION OF MOTOR VEHICLES.
NOT UNDER SUSPENSION OR REVOCATION AS OF THIS DATE
ACCIDENT INVOLVEMENT INDICATED ON THIS REPORT DOES NOT MEAN THIS INDIVIDUAL WAS AT FAULT OR GIVEN A SUMMONS.

ID Number: 07COS61181	Credential Type: DRIVER LICENSE	DL Class: D
Issue Date: 7/15/2016	Expiration Date: 7/18/2021	

CONVICTION DATE: 09/13/2006	RSA/ACD: 266:05	DESCRIPTION: NON-INSPECTION
COURT: ADMINISTRATIVE-DEPARTMENT OF SAFETY	PD:	VIOLATION DATE: 09/07/2006
CITATION NUMBER: D93060655829	PLEA: NOLO CONTENDERE	DISPOSITION: GUILTY
FINE: \$60.00	FEE:	
DEMERIT POINTS: 0		CONVICTION TYPE: PLEA BY MAIL
CHARGE ID:	DOCKET:	JURISDICTION CODE: NH
SENTENCE: 266		

CONVICTION DATE: 10/10/1997	RSA/ACD: 266:05	DESCRIPTION: NON-INSPECTION
COURT: ADMINISTRATIVE-DEPARTMENT OF SAFETY	PD:	VIOLATION DATE: 09/09/1997
CITATION NUMBER: D93970610715	PLEA: NOLO CONTENDERE	DISPOSITION: GUILTY
FINE: \$43.20	FEE:	
DEMERIT POINTS: 0		CONVICTION TYPE: PLEA BY MAIL
CHARGE ID:	DOCKET:	JURISDICTION CODE: NH
SENTENCE: 266:5		

CONVICTION DATE: 12/19/1996	RSA/ACD: 266:05	DESCRIPTION: NON-INSPECTION
COURT: DOVER DISTRICT - CIRCUIT	PD:	VIOLATION DATE: 09/19/1996
CITATION NUMBER: V19960004414	PLEA: NOLO CONTENDERE	DISPOSITION: GUILTY
FINE: \$36.00	FEE:	
DEMERIT POINTS: 0		CONVICTION TYPE: COURT ABSTRACT
CHARGE ID: 0004414	DOCKET:	JURISDICTION CODE: NH

SENTENCE: 266:5

CONVICTION DATE: 05/10/1996	RSA/ACD: 266:05	DESCRIPTION: NON-INSPECTION
COURT: ADMINISTRATIVE-DEPARTMENT OF SAFETY	PD:	VIOLATION DATE: 04/27/1996
CITATION NUMBER: D93960363182	PLEA: NOLO CONTENDERE	DISPOSITION: GUILTY
FINE: \$43.20	FEE:	
DEMERIT POINTS: 0		CONVICTION TYPE: PLEA BY MAIL
CHARGE ID:	DOCKET:	JURISDICTION CODE: NH
SENTENCE: 266:5		

CONVICTION DATE: 05/10/1996	RSA/ACD: 266:05	DESCRIPTION: NON-INSPECTION
COURT: ADMINISTRATIVE-DEPARTMENT OF SAFETY	PD:	VIOLATION DATE: 04/10/1996
CITATION NUMBER: D93960363003	PLEA: NOLO CONTENDERE	DISPOSITION: GUILTY
FINE: \$43.20	FEE:	
DEMERIT POINTS: 0		CONVICTION TYPE: PLEA BY MAIL
CHARGE ID:	DOCKET:	JURISDICTION CODE: NH
SENTENCE: 266:5		

CONVICTION DATE: 05/15/1995	RSA: S93	ORIG CODE: SPEEDING
JURISDICTION: MA	COURT:	LOC REF:
VIOLATION DATE: 4/9/1995		

CONVICTION DATE: 11/28/1994	RSA/ACD: XXX	DESCRIPTION: NOT APPLICABLE
COURT: ME	PD:	VIOLATION DATE: 09/08/1994
CITATION NUMBER: V98940110606	PLEA:	DISPOSITION: GUILTY
DEMERIT POINTS: 0		CONVICTION TYPE: OUT OF STATE VIOLATION
CHARGE ID:	DOCKET: V98940110606	JURISDICTION CODE: ME
SENTENCE: NRVC/NO LOG BOOK		

SANCTION START DATE: 03/19/1992	PRIVILEGE TYPE: OPERATING PRIVILEGE	SANCTION TYPE: SUSPENSION
RSA/ACD: D45	RSA/ACD DESCRIPTION: FAILURE TO APPEAR FOR TRIAL OR COURT APPEARANCE (DETAIL SOMETIMES REQUIRED)	DATE OF NOTICE:
SUSPENSION DURATION: 0DAY(S)	JURISDICTION CODE: MA	
SOURCE OF SANCTION: ADMINSTRATIVE		
RESTORED:03/19/1992		

SANCTION START DATE: 11/28/1991	PRIVILEGE TYPE: OPERATING PRIVILEGE	SANCTION TYPE: SUSPENSION
RSA/ACD: D45	RSA/ACD DESCRIPTION: FAILURE TO APPEAR FOR TRIAL OR COURT APPEARANCE (DETAIL SOMETIMES REQUIRED)	DATE OF NOTICE:
SUSPENSION DURATION: 112DAY(S)	JURISDICTION CODE: MA	
SOURCE OF SANCTION: ADMINSTRATIVE		
RESTORED:03/19/1992		


SANCTION START DATE: 06/04/1991	PRIVILEGE TYPE: OPERATING PRIVILEGE	SANCTION TYPE: SUSPENSION
RSA/ACD: D45	RSA/ACD DESCRIPTION: FAILURE TO APPEAR FOR TRIAL OR COURT APPEARANCE (DETAIL SOMETIMES REQUIRED)	DATE OF NOTICE:

SUSPENSION DURATION: 7DAY(S)	JURISDICTION CODE: MA	
SOURCE OF SANCTION: ADMINISTRATIVE		
RESTORED: 06/11/1991		

SANCTION START DATE: 05/19/1991	PRIVILEGE TYPE: OPERATING PRIVILEGE	SANCTION TYPE: SUSPENSION
RSA/ACD: D45	RSA/ACD DESCRIPTION: FAILURE TO APPEAR FOR TRIAL OR COURT APPEARANCE (DETAIL SOMETIMES REQUIRED)	DATE OF NOTICE:
SUSPENSION DURATION: 16DAY(S)	JURISDICTION CODE: MA	
SOURCE OF SANCTION: ADMINISTRATIVE		
RESTORED: 06/04/1991		

05/08/2019	ACCIDENT: PDAR218083	CASE NUMBER/LOCAL USE NUMBER: A19-07022
	NUMBER OF VEHICLES: 2	TYPE: INJURIES/PROPERTYDAMAGE
	OBJECT STRUCK: 47. Motor vehicle in Transport(Collision with person, motor vehicle, or Non-Fixed Object)	LOCATION: PORTSMOUTH

*** END OF DRIVER HISTORY ***

CERTIFIED - TRUE & CORRECT

 Director of Motor Vehicles



New Hampshire Department of Safety
DIVISION OF STATE POLICE
 Central Repository for Criminal Records
 33 Hazen Drive, Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION MUST BE COMPLETED

NAME Candiano Steven G
 LAST (MAIDEN/ALIAS) FIRST MI
 ADDRESS 37 Walton Rd Seabrook NH 03874
 STREET CITY STATE ZIP CODE
 DATE OF BIRTH 07/18/1961 HAIR COLOR Silver EYE COLOR Blue SEX M
 DRIVER LICENSE NUMBER 07COS61181 STATE NH

PURPOSE FOR RECORD: Housing Employment Annulment/Expungement Other _____

My below signature certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: *Steven Candiano* DATE 6/1/20
Signed under penalty of Unsworn falsification pursuant to NH RSA 641:3

SECTION II

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,

ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

Steven Candiano
 NAME OF PERSON / FIRM TO RECEIVE RECORD

ADDRESS 37 Walton Rd Seabrook NH 03874
 STREET CITY STATE ZIP CODE

YOUR SIGNATURE *Steven Candiano* DATE 6/1/20

NOTARY'S SIGNATURE *Curtis Hanson* DATE 6/1/20
(Affix Seal) CURTIS HANSON NOTARY PUBLIC State of New Hampshire My Commission Expires March 25, 2025 (Comm. Exp.)

Steven Candiano DATE 6/3/20
 SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD

NO RECORD
 NH STATE POLICE CRIMINAL RECORDS UNIT
 JUN 03 2020
 OFFICIAL USE ONLY

NOTE: A \$25.00 fee is required for each request. make checks payable to: State of NH - Criminal Records.



New Hampshire Department of Safety
DIVISION OF STATE POLICE
 Central Repository for Criminal Records
 33 Hazen Drive, Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION MUST BE COMPLETED

NAME Carter Timothy
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS 20 Thompson Dr Northwood NH 03261
STREET CITY STATE ZIP CODE

DATE OF BIRTH 12/13/1966 HAIR COLOR Gray EYE COLOR Blue SEX M

DRIVER LICENSE NUMBER NH L19157503 STATE NH

PURPOSE FOR RECORD: Housing Employment Annulment/Expungement Other _____

My below signature certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: [Signature] DATE 6/3/20
Signed under penalty of unsworn falsification pursuant to NH RSA 641:3

SECTION II

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,

ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

NAME OF PERSON / FIRM TO RECEIVE RECORD _____

ADDRESS 20 Thompson Dr Northwood NH 03261
STREET CITY STATE ZIP CODE

YOUR SIGNATURE [Signature] DATE 6/27
CURTIS THANSON NOTARY PUBLIC

NOTARY'S SIGNATURE [Signature] DATE 6/25
State of New Hampshire My Commission Expires (March 25) 2025

SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD [Signature] DATE 6/3/20
(Affix Seal)

NO RECORD
 NH STATE POLICE CRIMINAL RECORDS UNIT
 JUN 03 2020
 OFFICIAL USE ONLY

NOTE: A \$25.00 fee is required for each request- make checks payable to: State of NH - Criminal Records.