

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

DATE: 06/22/2020

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) Ice Cream Stand

VEHICLE REGISTRATION (ATTACH PHOTOGRAPH OF VEHICLE AND SALES EQUIP.)
(STATE & NUMBER) 48B50CF2251022455 License Plate T55828

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

Erin DCandiano



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.

SIGNATURE OF LICENSEE/APPLICANT

Erin Candiano

TOWN OF SEABROOK, NH
HAWKERS, PEDDLERS AND SOLICITORS ORDINANCE
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↓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: *JK* 7/2/2020

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

RECOMMENDATION OF HEALTH OFFICER APPROVE DENY
SPECIAL CONDITIONS (IF ANY): _____
INITIALS: _____

- 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



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: **06/23/2020**

Requestor:

**ERIN D CANDIANO
37 WALTON RD
SEABROOK NH - 038744518**

Driving Record of: ERIN D CANDIANO

**37 WALTON RD
SEABROOK NH - 038744518
05/30/1965
NHI10125097**

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: NHL18415202	Credential Type: DRIVER LICENSE	DL Class: D
Issue Date: 6/16/2020	Expiration Date: 5/30/2025	

Also Known As /Formerly Known As [AKA/FKA]				
Last Name	First Name	Middle Name	Suffix	Date of Birth
CANDIANO	ERIN	D		05/30/1965

*** END OF DRIVER HISTORY ***

CERTIFIED - TRUE & CORRECT
Erin Quinn
Director of Motor Vehicles

New Hampshire DRIVER LICENSE
NOT FOR FEDERAL IDENTIFICATION

30 EXPIRES ON DATE 05/30/2025
46 CHECK REAL IDENT# ERF NHL18415202


1 FULL NAME CANDIANO
2 GIVEN NAMES ERIN D

637 WALTON RD
SEABROOK, NH 03874

35 SEX F 16 HGT 5-09' 17 WGT 200 lb 19 EYES BLU 19 HAIR BRO
48 ISSUE DATE 06/16/2020 3 DATE OF BIRTH 05/30/1965

6 CLASS D 7 RESTRICTIONS NONE 8 ENDORSEMENTS NONE

01235639





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 Doonan Erin D
 LAST (MAIDEN/ALIAS) FIRST MI
 ADDRESS 37 Walton Rd Seabrook NH 03874
 STREET CITY STATE ZIP CODE
 DATE OF BIRTH 05/30/1965 HAIR COLOR brown EYE COLOR blue SEX Female
 DRIVER LICENSE NUMBER 05coe65301 STATE NH

PURPOSE FOR RECORD: Housing Employment Annulment/Expungement Other _____

My below signature certifies I am the individual listed above. Verified by PDFfiller 05/13/2020. Information provided is true.

YOUR SIGNATURE: Erin Candiano DATE 05/13/2020
 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:

Erin Erin D Candiano
 NAME OF PERSON / FIRM TO RECEIVE RECORD

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

YOUR SIGNATURE [Signature] DATE 5/13/2020

NOTARY'S SIGNATURE [Signature] DATE 5/13/2020
 (Affix Seal) NOTARY PUBLIC State of New Hampshire My Commission Expires March 25, 2025 (Comm. Exp.)

SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD Erin D Candiano DATE 5/27/20

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

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



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 INSURED Carmelo's LLC 37 Walton Road Seabrook NH 03874	CONTACT NAME: Penny McNeil PHONE (A/C No, Ex): (800) 333-7234 FAX (A/C No): E-MAIL ADDRESS: pmcneil@easterninsurance.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A Northfield Insurance Company INSURER B Hartford Accident & Indemnity 22357 INSURER C: INSURER D: INSURER E: INSURER F:
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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		WS372153A	3/15/2020	3/15/2021	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GENL AGGREGATE LIMIT APPLIES PER:					MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ-JECT <input type="checkbox"/> LOC					PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:					GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY					PRODUCTS - COMP/OP AGG \$ 2,000,000
	ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED RETENTIONS					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		08WEGAC4XEN	3/21/2020	3/21/2021	PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				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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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

37 Walton Rd

Seabrook NH 03874

www.CanDoVentures.biz

Food Court Cafeteria

947 Park St

Attleboro MA 02703

www.FoodCourtCafeteria.com

Carmelo's

18 Broadway

Salisbury Beach MA 01952

www.Carmelos.pizza

DesignsByEDC

37 Walton Rd

Seabrook NH 03874

www.DesignsbyEDC.com