

RECEIVED

JULY 06 2020

TOWN OF SEABROOK, NH
TOWN MANAGER'S OFFICE

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

DATE:

June 18 2020

TYPE OF LICENSE (ATTACH COPY OF STATE LICENSE)

[] HAWKERS & PEDDLERS (FEE = \$50.00)

[] ITINERANT VENDOR (FEE = \$250.00)

APPLICANTS NAME

DEAN MANEMANUS

ADDRESS

11 Old County Road PLAINSTON NH

HOME TELEPHONE

(603) 401-3510

BUSINESS PHONE

()

EMERGENCY PHONE

(978) 891-2843

E-MAIL ADDRESS

DEDE2424@AOL.com

TYPE OF BUSINESS

Icecream

FOOD SALES:

[] YES (ATTACH SEABROOK HEALTH OFFICE LICENSE)

[] NO

SALES LOCATION

Town & Beach Locations

SALES AREA SIZE

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

CHEV-VAN

VEHICLE REGISTRATION (ATTACH PHOTOGRAPH OF VEHICLE AND SALES EQUIP.)
(STATE & NUMBER)

3688522 NH

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

DEAN MANEMANUS

I, _____, 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

Dean Manemus

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): N/A

INITIALS: SP 6/20/2006

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

RECOMMENDATION OF HEALTH OFFICER APPROVE DENY

SPECIAL CONDITIONS (IF ANY):

INITIALS: Jessy Taylor

- 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





New Hampshire DRIVER LICENSE

NOT FOR FEDERAL IDENTIFICATION



16 EXPIRATION DATE
04/30/2024

14 IDENTIFICATION NUMBER
NHL15649102

1 FAMILY NAME
MANEMANUS

2 GIVEN NAMES
DEAN A

11 OLD COUNTY RD
PLAISTOW, NH 03865

15 SEX 16 HEIGHT 17 WEIGHT 18 EYES 19 HAIR
M 5'-08" 175 lb HAZ BRO

14 ISSUE DATE
05/01/2019

13 DATE OF BIRTH
04/30/1954

10 CLASSIFICATION
D

12 RESTRICTIONS
NONE

14 ENDORSEMENTS
NONE

Dean Manemus



01184341

BEAN INS AGCY LLC
PO BOX 660
HAMPTON, NH 03843



PROGRESSIVE
COMMERCIAL

→ New Policy # 022874410

Named insured

Policy number: 00854772-0

Underwritten by:
United Financial Casualty Company
June 29, 2019
Policy Period: Jun 28, 2019 - Jun 28, 2020
Page 1 of 2

DEAN MANEMANUS
GAIL MANEMANUS
11 OLD COUNTY RD
PLASTOW, NH 03865

progressiveagent.com

Online Service

Make payments, check billing activity, print policy documents, or check the status of a claim.

1-603-926-3830

BEAN INS AGCY LLC

Contact your agent for personalized service.

Rob

1-800-444-4487

For customer service if your agent is unavailable or to report a claim.

Commercial Auto Insurance Coverage Summary

This is your Declarations Page

Your coverage began the later of June 28, 2019 at 12:01 a.m. or at the time your application is executed on the first day of the policy period. This policy period ends on June 28, 2020 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 2852NH (01/15), 4757NH (11/04), 4852NH (11/04), 4881NH (03/12) and 2228 (01/11).

The named insured organization type is a sole proprietorship.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$3,262
Bodily Injury and Property Damage Liability	\$100,000 combined single limit		
Uninsured/Underinsured Motorist	\$100,000 combined single limit		140
Medical Payments	\$5,000 each person		142
Comprehensive			378
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,112
See Auto Coverage Schedule	Limit of liability less deductible		
Total 12 month policy premium			\$5,034

Rated drivers

1. DEAN MANEMANUS
2. GAIL MANEMANUS

Auto coverage schedule

1. **2003 Chevrolet Workhorse** Stated Amount: *\$20,000 (including Permanently Attached Equip)
 VIN: 5B4HP42R533367261 Garaging Zip Code: 03865 Radius: 100

Liability Premium	Liability	UM/UIM BI	Med Pay		
	\$1,631	\$70	\$71		
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$250	\$189	\$500	\$556	\$2,517

2. **2003 Chevrolet Workhorse** Stated Amount: *\$20,000 (including Permanently Attached Equip)
 VIN: 2B4HP42R533367260 Garaging Zip Code: 03865 Radius: 100

Liability Premium	Liability	UM/UIM BI	Med Pay		
	\$1,631	\$70	\$71		
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$250	\$189	\$500	\$556	\$2,517

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Premium discounts

Policy	Discount
00854772-0	Business Experience and Package

Company officers

Peter M. Conroy

Secretary

Progressive
P.O. Box 94739
Cleveland, OH 44101
1-800-895-2886

PROGRESSIVE
COMMERCIAL

Policy number: 02287441-0

Underwritten by:
United Financial Casualty Company
June 25, 2020
Page 1 of 1

Certificate of Insurance

Certificate Holder

GAIL MANEMANUS
11 OLD COUNTY RD
PLAISTOW, NH 03865

Insured

DEAN MANEMANUS
GAIL MANEMANUS
11 OLD COUNTY RD
PLAISTOW, NH 03865

Agent

PROG COMMERCIAL
PO BOX 94739
CLEVELAND, OH 44101

This certificate of insurance is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage, terms, exclusions, and conditions afforded by the policy or policies referenced herein.

Policy Effective Date: Jun 25, 2020

Policy Expiration Date: Jun 25, 2021

Insurance coverage(s)

Limits

Bodily Injury/Property Damage \$100,000/\$300,000/\$50,000

Uninsured/Underinsured Motorist Bodily Injury \$100,000/\$300,000

Description of Location/Vehicles/Special Items

Scheduled autos only

2003 CHEVROLET WORKHORSE 5B4HP42R533367261

Medical Payments \$5,000

Certificate number

17720A13441

Please be advised that the certificate holder will not be notified in the event of a mid-term cancellation.





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: 06/10/2020

Requestor:

DEAN A MANEMANUS
11 OLD COUNTY RD
PLAISTOW NH - 038652224

Driving Record of: DEAN A MANEMANUS

11 OLD COUNTY RD
PLAISTOW NH - 038652224
04/30/1954
NHI19519564

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: NHL15649102	Credential Type: DRIVER LICENSE	DL Class: D
Issue Date: 5/1/2019	Expiration Date: 4/30/2024	

Also Known As /Formerly Known As [AKA/FKA]				
Last Name	First Name	Middle Name	Suffix	Date of Birth
MANEMANUS	DEAN	A		04/30/1954
MANEMANUS	DEAN	A		04/30/1954
MANENANUS	DEAN			04/30/1954
MANEMANUS	DEAN ARTHUR			04/30/1954

CONVICTION DATE: 08/31/2016	RSA/ACD: 265:42	DESCRIPTION: IMPROPER TURN
COURT: ADMINISTRATIVE-DEPARTMENT OF SAFETY	PD: PLAISTOW PD	VIOLATION DATE: 07/21/2016
CITATION NUMBER: D93160099332	PLEA: NOLO CONTENDERE	DISPOSITION: GUILTY
FINE: \$62.00	FEE:	
DEMERIT POINTS: 0		CONVICTION TYPE: PLEA BY MAIL
CHARGE ID: -	DOCKET:	JURISDICTION CODE: NH
SENTENCE: 265:42		

SANCTION START DATE: 08/13/2014	PRIVILEGE TYPE: OPERATING PRIVILEGE	SANCTION TYPE: SUSPENSION
RSA/ACD: D35	RSA/ACD-DESCRIPTION: PROTESTED CHECK - BUS. OFF.	DATE OF NOTICE: 7/14/2014
SUSPENSION DURATION: INDEFINITE	JURISDICTION CODE: NH	
SOURCE OF SANCTION: ADMINSTRATIVE		
RESTORED:09/18/2014		

CONVICTION DATE: 09/04/2012	RSA/ACD: 265:60	DESCRIPTION: 16-20 MPH OVER SPEED LIMIT
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COURT: ADMINISTRATIVE-DEPARTMENT OF SAFETY	PD: HOPKINTON PD	VIOLATION DATE: 06/07/2012
CITATION NUMBER: D93120811032	PLEA: NOLO CONTENDERE	DISPOSITION: GUILTY
FINE: \$103.33	FEE: \$50.00 - ADMINISTRATIVE FEE	
DEMERIT POINTS: 0	CONVICTION TYPE: PLEA BY MAIL	
CHARGE ID:	DOCKET:	JURISDICTION CODE: NH
SENTENCE: 265		

SANCTION START DATE: 09/03/2012	PRIVILEGE TYPE: REGISTRATION PRIVILEGE	SANCTION TYPE: SUSPENSION
RSA/ACD: 263:56-A	RSA/ACD DESCRIPTION: DEFAULT COURT SUMMONS	DATE OF NOTICE: 8/4/2012
SUSPENSION DURATION: INDEFINITE SUSPENSION	JURISDICTION CODE: NH	
SOURCE OF SANCTION: CONVICTION		
RESTORED:09/04/2012		

SANCTION START DATE: 09/03/2012	PRIVILEGE TYPE: OPERATING PRIVILEGE	SANCTION TYPE: SUSPENSION
RSA/ACD: 263:56-A	RSA/ACD DESCRIPTION: DEFAULT COURT SUMMONS	DATE OF NOTICE: 8/4/2012
SUSPENSION DURATION: INDEFINITE SUSPENSION	JURISDICTION CODE: NH	
SOURCE OF SANCTION: CONVICTION		
RESTORED:09/04/2012		

CONVICTION DATE: 09/04/2012	RSA/ACD: 261:40	DESCRIPTION: UNREGISTERED VEHICLE
COURT: ADMINISTRATIVE-DEPARTMENT OF SAFETY	PD: HAMPSTEAD PD	VIOLATION DATE: 06/07/2012
CITATION NUMBER: D93120700235	PLEA: NOLO CONTENDERE	DISPOSITION: GUILTY
FINE: \$103.33	FEE: \$50.00 - ADMINISTRATIVE FEE	
DEMERIT POINTS: 0	CONVICTION TYPE: PLEA BY MAIL	
CHARGE ID:	DOCKET:	JURISDICTION CODE: NH
SENTENCE: 261:40		

SANCTION START DATE: 08/23/2012	PRIVILEGE TYPE: REGISTRATION PRIVILEGE	SANCTION TYPE: SUSPENSION
RSA/ACD: 263:56-A	RSA/ACD DESCRIPTION: DEFAULT COURT SUMMONS	DATE OF NOTICE: 7/24/2012
SUSPENSION DURATION: INDEFINITE SUSPENSION	JURISDICTION CODE: NH	
SOURCE OF SANCTION: CONVICTION		
RESTORED:09/04/2012		

SANCTION START DATE: 08/23/2012	PRIVILEGE TYPE: OPERATING PRIVILEGE	SANCTION TYPE: SUSPENSION
RSA/ACD: 263:56-A	RSA/ACD DESCRIPTION: DEFAULT COURT SUMMONS	DATE OF NOTICE: 7/24/2012
SUSPENSION DURATION: INDEFINITE SUSPENSION	JURISDICTION CODE: NH	
SOURCE OF SANCTION: CONVICTION		
RESTORED:09/04/2012		

Date	Certified Copy Requested by:
04/23/2019	DEAN A MANEMANUS
05/02/2017	DEAN MANEMANUS
05/02/2017	DEAN MANCMANUS

*** END OF DRIVER HISTORY ***

CERTIFIED - TRUE & CORRECT



Director of Motor Vehicles



THE STATE OF NEW HAMPSHIRE
 DEPARTMENT OF SAFETY
 DIVISION OF STATE POLICE
 James H. Hayes Safety Building
 33 Hazen Drive, Concord, NH 03305
 Telephone (603) 223-3867



Robert L. Quinn
 Commissioner of Safety

TRANSACTION NBR: 06182020.1.10004

CUSTOMER: MANEMANUS, DEAN A

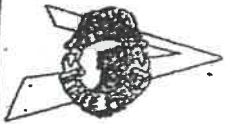
REF: QUERY-NORMAL,SELF

ITEM #:	1 FEE DESCRIPTION	AMOUNT
	MANEMANUS, DEAN A, 04/30/1954	\$25.00
TOTAL FEES:		\$25.00

PAYMENT TYPE	TENDER NBR	AMOUNT
CASH		\$25.00
DATE: 6/18/2020 8:59:18AM	TOTAL PAYMENTS :	\$25.00
LOCATION: 2720 CHR HEADQUARTERS	RECEIVED BY: TFK	

Your input in the quality and level of service we provide is very important to us. Please take a few minutes to complete a customer service survey by visiting us at the following website:

<http://www.nh.gov/safety/divisions/nhsp/surveys.html>



State of New Hampshire

Department of Safety
DIVISION OF STATE POLICE

Criminal Records Unit

33 Hazen Drive, Concord, NH 03305

CRIMINAL HISTORY RECORD INFORMATION RELEASE AUTHORIZATION FORM

INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 6700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

SECTION I (PLEASE PRINT CLEARLY)

Last Name MANEMANUS First Name DEAN Maiden A MI _____
Address 11 OLD COUNTY City ROAD State NH Zip 03865
Date of Birth 4/30/54 Hair Color Brown Eye Color Hazel Male Female
Driver's License Number NH 15649102 State NH

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

Signature *Dean Manemanus* Date 5/16/2020
Signed under penalty of unsworn falsification pursuant to RSA 641:13

PURPOSE OF RECORD

Housing Employment Annulment/Expungement Other _____

SECTION II

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

Person or Entity to Receive Record _____
Address _____ City _____ State _____ Zip _____
Your Signature _____ Date _____
Notary's Signature _____ Date _____
Signature of person/entity to receive record _____ (Affix seal) Date _____

RECORD CHALLENGE

Saf-C 6703.12 Procedure for Challenging a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

To prevent a delay in processing, I have enclosed a self-addressed envelope.
 Prepaid Acc't Number _____

NO RECORD
NH STATE POLICE CRIMINAL RECORDS UNIT
JUN 18 2020
BY _____
OFFICE OF CRIMINAL RECORDS

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

PERMIT # BOH-205-2020

FEE: \$ 50.00


**TOWN OF SEABROOK, NH
HEALTH PERMIT**

THIS IS TO CERTIFY THAT:

DEAN MANNEMANUS

Located At:

Is a duly permitted *Mobile Vendor* in the Town of Seabrook, NH
according to the regulations set forth by Article 12 as amended of the 1964 Town
Warrant, Article 26 as amended of the 1965 Town Warrant
and Article 42 as amended of the 2008 Town Warrant.
This certificate assumes that proper health laws have been complied with.
Violations of health regulations could result in revocation.



Health Agent – Town of Seabrook, NH

Valid Through: Dec 31, 2020

ServSafe
National Restaurant Association

ServSafe® CERTIFICATION

DEAN MANEMANUS

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute (ANSI)—Conference for Food Protection (CFP).



#0655
ASTM E2659
Certificate Issuer

16149683

CERTIFICATE NUMBER

2/27/2018

DATE OF EXAMINATION

Local laws apply. Check with your local regulatory agency for recertification requirements.

5347

EXAM FORM NUMBER

2/27/2023

DATE OF EXPIRATION

A handwritten signature in blue ink that reads "Sherman Brown".

Sherman Brown
Executive Vice President, National Restaurant Association Solutions



In accordance with MeritPlus (Labor Convention 2003), Resolution ADM 11/04/2013 (Regulation 1.2, Standard A3.3).

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



Dean Manemanus
(not valid unless signed by Applicant)

Date June 18, 2020

This certifies that in accordance with RSA Chapter 320

Dean Manemanus of 11 Old Country Rd Plaistow NH 03865
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 Dean Manemanus 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 4/30/1954 Height 5'8" Weight 180

Color of Hair Brown Color of Eyes **Hazel**

Distinguishing Characteristics **None**

License Number **2020/133**

This License Expires June 18, 2021



Deputy Secretary of State

This license may be laminated