

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

DATE:

May 3, 2021 June 7

TYPE OF LICENSE (ATTACH COPY OF STATE LICENSE)

- HAWKERS & PEDDLERS (FEE = \$50.00)  
 ITINERANT VENDOR (FEE = \$250.00)

APPLICANTS NAME

Chubba Wubbas Sweets, Snacks &  
Refreshment's LLC > Shir'l Ross  
286 S. Main St. Seabrook NH 03874

ADDRESS

HOME TELEPHONE

( ) \_\_\_\_\_

BUSINESS PHONE

(603) 674-3093

EMERGENCY PHONE

( ) \_\_\_\_\_

E-MAIL ADDRESS

chubbawubbas@yahoo.com

TYPE OF BUSINESS

Mobile Food Unit/Ice Cream, snacks & Beverages

FOOD SALES:

- YES (ATTACH SEABROOK HEALTH OFFICE LICENSE)  NO

SALES LOCATION

RT 1A Parking

SALES AREA SIZE

30'35" ft x 9' ft

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

2006 Gillig Transportation Bus

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

NH 0868A0146602  
478 0071

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

Shir'l Ross

William Shaheen

I, Shir'l Ross, 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

Shir'l Ross

**TOWN OF SEABROOK, NH  
HAWKERS, PEDDLERS AND SOLICITORS ORDINANCE  
APPENDIX A  
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DATE:

June 7, 2021

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HAWKERS & PEDDLERS (FEE = \$50.00)

ITINERANT VENDOR (FEE = \$250.00)

APPLICANTS NAME

Chubba Wubba's Sweets, Snacks &

ADDRESS

Refreshments LLC - Shirli Ross -  
286 S. Main St Seabrook NH 03874

HOME TELEPHONE

( )

BUSINESS PHONE

(603) 674-3093

EMERGENCY PHONE

(603) 674-3093

E-MAIL ADDRESS

chubbawubbas@yahoo.com

TYPE OF BUSINESS

(LLC) Food Truck - Ice Cream, Bubble Tea's etc.

FOOD SALES:

YES (ATTACH SEABROOK HEALTH OFFICE LICENSE)

NO

SALES LOCATION

570 Lafayette Rd Seabrook NH

SALES AREA SIZE

30-35 x 9 FT

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

(MAKE & MODEL)

2006 Gillig Transportation Bus

VEHICLE REGISTRATION (ATTACH PHOTOGRAPH OF VEHICLE AND SALES EQUIP.)

(STATE & NUMBER)

NH 0868A 0146602  
478 0071

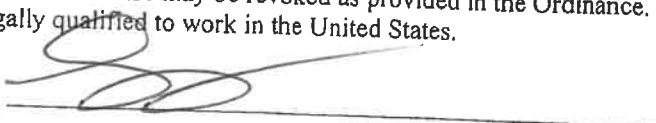
EMPLOYEE IDENTIFICATION: (LIST THE NAMES OF ALL EMPLOYEES INCLUDING THE APPLICANT) (ATTACH A COPY OF DRIVER'S LICENSE FOR EACH NAME)

Shirli Ross

William Shaheen

I, Shirli Ross, 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



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: WALKER

Criminal Background Check/Copy Attached

Motor Vehicle Background Check/Copy Attached

RECOMMENDATION OF HEALTH OFFICER  APPROVE  DENY

SPECIAL CONDITIONS (IF ANY):

INITIALS: WALKER

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**

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: SW WALKER

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

RECOMMENDATION OF HEALTH OFFICER  APPROVE  DENY

SPECIAL CONDITIONS (IF ANY):

INITIALS: RJ 10-7-21

- 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**



<http://www.fliprogram.com>

844-520-6992

Powered by Veracity Insurance Solutions, LLC



Great American Alliance Insurance Company  
301 E. Fourth Street, 25 S  
Cincinnati, OH 45202-4201

### COMMERCIAL GENERAL LIABILITY COVERAGE PART - OCCURRENCE FORM CERTIFICATE PAGE

IT IS AGREED THAT THIS CERTIFICATE IS ISSUED TO THE CERTIFICATE HOLDER LISTED BELOW TO CERTIFY COVERAGE UNDER THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY LISTED BELOW.

**INSURANCE COMPANY:** GREAT AMERICAN ALLIANCE INSURANCE COMPANY  
**NAMED INSURED:** BEAUTY HEALTH & TRADE ALLIANCE  
**CERTIFICATE HOLDER:** Chubba Wubba's Sweet's, Snack's and Refreshment's LLC  
**ADDRESS:** 286 South Main Street, Seabrook, New Hampshire 03874  
**POLICY PERIOD:** 07/15/2020 to 07/15/2021 12:01 A.M. Standard Time at the Address of The Certificate Holder

**POLICY NUMBER:**  
PL2664771  
**CERTIFICATE NUMBER:**  
F097647

#### LIMITS OF INSURANCE

General Aggregate Limit (Other than Products-Completed Operations)	\$	2,000,000
Products-Completed Operations Aggregate Limit	\$	2,000,000
Personal and Advertising Injury Limit	\$	1,000,000
General Each Occurrence Limit	\$	1,000,000
Damage to Premises Rented to You Limit	\$	300,000 Any One Premises
Medical Expense Limit	\$	5,000 Any One Person
Professional Coverage Extension	\$	Not Purchased Each Claim
	\$	Not Purchased Aggregate
Professional Coverage Deductible	\$	Not Purchased Each Claim
Liability Deductible		None

#### FORM OF BUSINESS: LLC

**PREMIUM:** \$ 79  
**BHTA Fee:** \$ 166  
**TOTAL ANNUAL COST:** \$ 245 (The cost is 100% earned/non refundable)

**CODE NUMBER:** 11168 **PREMIUM BASIS:** Gross Sales **EXPOSURE:** Up to \$50,000

**BUSINESS DESCRIPTION:** Food Truck , Farmers Market Vendor , Other (State and local Fairs and event's, Festivals, Private events)

THIS INSURANCE IS SUBJECT TO ALL THE TERMS AND CONDITIONS, INCLUDING APPLICABLE ENDORSEMENTS, OF THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY. A COPY OF THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY ACCOMPANIES THIS CERTIFICATE. ADDITIONAL COPIES WILL BE PROVIDED TO THE CERTIFICATE HOLDER. PLEASE READ THE POLICY AND ALL ENDORSEMENTS.

#### NO ADMISSION OF LIABILITY MAY BE MADE EITHER VERBALLY OR IN WRITING

FULL DETAIL OF ANY INCIDENT SHOULD BE SENT IMMEDIATELY BY EMAIL TO [CLAIMS@VOPINS.COM](mailto:CLAIMS@VOPINS.COM) OR BY LETTER TO VERACITY INSURANCE SOLUTIONS, LLC 260 SOUTH 2500 WEST SUITE 303, PLEASANT GROVE, UT 84062.

**FORMS AND ENDORSEMENTS** applicable to all Coverage Parts and made part of this Policy at time of issue are listed on the attached Forms and Endorsements Schedule IL 88 01 (11/85).

#### ADMINISTRATED BY



Veracity Insurance Solutions, LLC  
260 South 2500 West Suite 303  
Pleasant Grove Utah 84062  
888-568-0548  
[info@fliprogram.com](mailto:info@fliprogram.com)

ADMINISTRATOR'S SIGNATURE:



**THE WILDER COMPANIES**  
DEVELOPMENT. MANAGEMENT. LEASING.

6/16/2021

State of New Hampshire

Department of State

107 North Main Street

Concord, NH 03301

RE: Chubba Wubba's Sweets Snacks and Refreshments LLC. Seabrook NH, Hawkers and Peddlers License letter of onsite permission.

Regarding Chubba Wubba's Sweet Snacks and Refreshments, LLC. I, Craig MacDonald of The Wilder Companies serving as agent on behalf of Waterstone Chevy Chase Road Ground Tenant LLC (owner), is hereby granting permission to park and operate out of the agreed space.

The Wilder Companies, Ltd (as agent)

Craig P. MacDonald

By: *Craig P. MacDonald*

Its: Property Manager

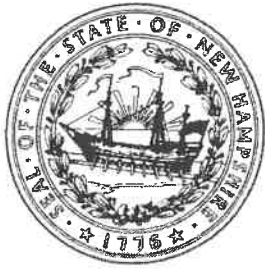
Date: 6/16/2021

The Wilder Companies

800 Boylston Street | Suite 1300 | Boston | MA | 02199

D: 617.896.4946

C: 617.680.0964



THE STATE OF NEW HAMPSHIRE  
 DEPARTMENT OF SAFETY, DIVISION OF STATE POLICE  
 33 Hazen Dr, Concord NH 03305 (603) 223-3867



Name: ROSS, SHIRL

DOB: 05/04/1974

**\*\* NO CONVICTION RECORD FOUND \*\***

THE STATE OF NEW HAMPSHIRE  
 DEPARTMENT OF SAFETY, DIVISION OF STATE POLICE

I certify this record being disseminated to:

SHIRL ROSS-SHIRL ROSS

Is a true and accurate copy of the record as it appears in our files.

By: CHRI Unit

Date: June 09, 2021

Director

\*\*\* END OF CRIMINAL HISTORY RECORD \*\*\*

*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 complete Criminal History Record of the named individual.*



THE STATE OF NEW HAMPSHIRE

DEPARTMENT OF SAFETY, DIVISION OF STATE POLICE

33 Hazen Dr, Concord NH 03305 (603) 223-3867



CRIMINAL HISTORY RECORD

**\*\* PUBLIC/CONVICTION ONLY RECORD \*\***

SID# NH766970

Name SHAHEEN, WILLIAM C

DOB 07/08/1990

POB	NH	Hair	Brown	Weight	190
Sex	M	Eye	Brown	Height	71
ADDR	15 TWIN VIEW DR TWIN MTN NH 03595	Race	White	Prints	Y
OLN		FPC		Photo Available	Y
				Palm Available	Y

Alias

Caution

Name	DOB
------	-----

Code	Comments
------	----------

Body Markings

Code	Description	Comments
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Cycle 001

Arrest

Arresting Agency Case #	Agency	LOUDON PD
Tracking #		
Arrest Date	Violation Date	06/27/2010
Arrested on Warrant	Violation End Date	
Offense	Violation on Or About	N
Degree	Fingerprint Supported	N
Inchoate		
Special condition		
Comments	MARIJUANA	



Cycle 002

Arrest

Arresting Agency Case #		Agency	STATE POLICE TROOP
Tracking #	TNH035100054		TWIN MT
Arrest Date	02/20/2010	Violation Date	
Arrested on Warrant		Violation End Date	02/20/2010
Offense	265-A:2, DRIVING OR OPERATING	Violation on Or About	
Degree	UNDER THE INFLUENCE OF DRUGS OR	Fingerprint Supported	N
Inchoate	LIQUOR		Y
Special condition	MISDEMEANOR		
Comments			

Court Disposition

Disposed Offense	265-A:2, DRIVING OR OPERATING UNDER THE	Docket	10-157-314716C
	INFLUENCE OF DRUGS OR LIQUOR		
Degree	MISDEMEANOR B	Charge Id	
Court	LANCASTER-D	Indicted	N
Court Date	06/02/2010	Appeal	N
Violation Date	02/20/2010	Violation End Date	02/20/2010

Findings

Plea Date		Plea	GUILTY
Finding Date	06/02/2010	Finding	GUILTY
Judge			

Comments

Amended Reason

Sentence

Date		Type	
Judge			

Amended Reason

Sentence Condition



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: 06/15/2021

**Requestor:**

**WILLIAM C SHAHEEN**  
**286 SOUTH MAIN ST**  
**SEABROOK NH - 03874**

**Driving Record of: WILLIAM C SHAHEEN**

**286 SOUTH MAIN ST**  
**SEABROOK NH - 03874**  
**07/08/1990**  
**NHI16110989**

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: <b>07SNW90081</b>	Credential Type: <b>DRIVER LICENSE</b>	DL Class: <b>D</b>
Issue Date: <b>7/14/2016</b>	Expiration Date: <b>7/8/2021</b>	
Endorsements: <b>MOTORCYCLE</b>		

Also Known As /Formerly Known As [AKA/FKA]				
Last Name	First Name	Middle Name	Suffix	Date of Birth
SHAHEEN	YILLIAM	C		07/08/1990

CONVICTION DATE: <b>06/17/2017</b>	RSA/ACD: <b>265:60</b>	DESCRIPTION: <b>6-10 MPH OVER SPEED LIMIT</b>
COURT: <b>ADMINISTRATIVE-DEPARTMENT OF SAFETY</b>	PD: <b>HAMPTON PD</b>	VIOLATION DATE: <b>05/19/2017</b>
CITATION NUMBER: <b>D93170090686</b>	PLEA: <b>GUILTY</b>	DISPOSITION: <b>GUILTY</b>
FINE: <b>\$62.00</b>	FEE:	
DEMERIT POINTS: <b>0</b>		CONVICTION TYPE: <b>PLEA BY MAIL</b>
CHARGE ID:	DOCKET:	JURISDICTION CODE: <b>NH</b>
SENTENCE: <b>265:60 65/55</b>		

HEARING DATE: <b>07/02/2010</b>	HEARING TYPE: <b>UNDER 20 HEARINGS</b>	HEARING NUMBER: <b>HEAR73287</b>
RSA: <b>265-A:2</b>	DISPOSITIONS: <b>SUSPENSION/ WAIVER</b>	

CONVICTION DATE: <b>06/02/2010</b>	RSA/ACD: <b>265-A:2</b>	DESCRIPTION: <b>UNDERAGE DWI</b>
COURT: <b>LANCASTER DISTRICT - CIRCUIT</b>	PD:	VIOLATION DATE: <b>02/20/2010</b>
CITATION NUMBER: <b>V50100314716</b>	PLEA: <b>GUILTY</b>	DISPOSITION: <b>GUILTY</b>
FINE: <b>\$500.00</b>	FEE:	
DEMERIT POINTS: <b>0</b>		CONVICTION TYPE: <b>COURT ABSTRACT</b>
CHARGE ID: <b>0314716</b>	DOCKET:	JURISDICTION CODE: <b>NH</b>
SENTENCE: <b>MISD-B(157)IDIP/R12M/HRG</b>		

SANCTION START DATE: <b>03/22/2010</b>	PRIVILEGE TYPE: <b>OPERATING PRIVILEGE</b>	SANCTION TYPE: <b>REVOCATION</b>
RSA/ACD: <b>265-A:2</b>	RSA/ACD DESCRIPTION: <b>UNDERAGE DWI</b>	DATE OF NOTICE: <b>6/15/2010</b>
SUSPENSION DURATION: <b>12 MONTH(S)</b>	JURISDICTION CODE: <b>NH</b>	
SOURCE OF SANCTION: <b>CONVICTION</b>		
<b>RESTORED:09/30/2011</b>		

CONVICTION DATE: <b>08/09/2007</b>	RSA/ACD: <b>265:107-A</b>	DESCRIPTION: <b>NO CHILD RESTRAINT</b>
COURT: <b>ADMINISTRATIVE-DEPARTMENT OF SAFETY</b>	PD: <b>STATE POLICE HDQTRS, CONCORD</b>	VIOLATION DATE: <b>07/28/2007</b>
CITATION NUMBER: <b>D93070423775</b>	PLEA: <b>GUILTY</b>	DISPOSITION: <b>GUILTY</b>
FINE: <b>\$30.00</b>	FEE:	
DEMERIT POINTS: <b>0</b>		CONVICTION TYPE: <b>PLEA BY MAIL</b>
CHARGE ID:	DOCKET:	JURISDICTION CODE: <b>NH</b>
SENTENCE: <b>265:107A</b>		

\*\*\* END OF DRIVER HISTORY \*\*\*

**CERTIFIED - TRUE & CORRECT**



**Director of Motor Vehicles**

Refer Phone Inquiries: 603-227-4010

Speech/Hearing Impaired Relay TTY/TDD 1-800-735-2964



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: **06/15/2021**

**Requestor:**

**SHIRL G ROSS**  
**286 SOUTH MAIN ST**  
**SEABROOK NH - 03874**

**Driving Record of: SHIRL G ROSS**

**286 SOUTH MAIN ST**  
**SEABROOK NH - 03874**  
**05/04/1974**  
**NHI12858667**

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: <b>05RSS74041</b>	Credential Type: <b>DRIVER LICENSE</b>	DL Class: <b>D</b>
Issue Date: <b>5/19/2017</b>	Expiration Date: <b>5/4/2022</b>	

Also Known As /Formerly Known As [AKA/FKA]				
Last Name	First Name	Middle Name	Suffix	Date of Birth
ROSS	SHIRL	G		05/04/1974
ROSS	SHIRI	G		05/04/1974

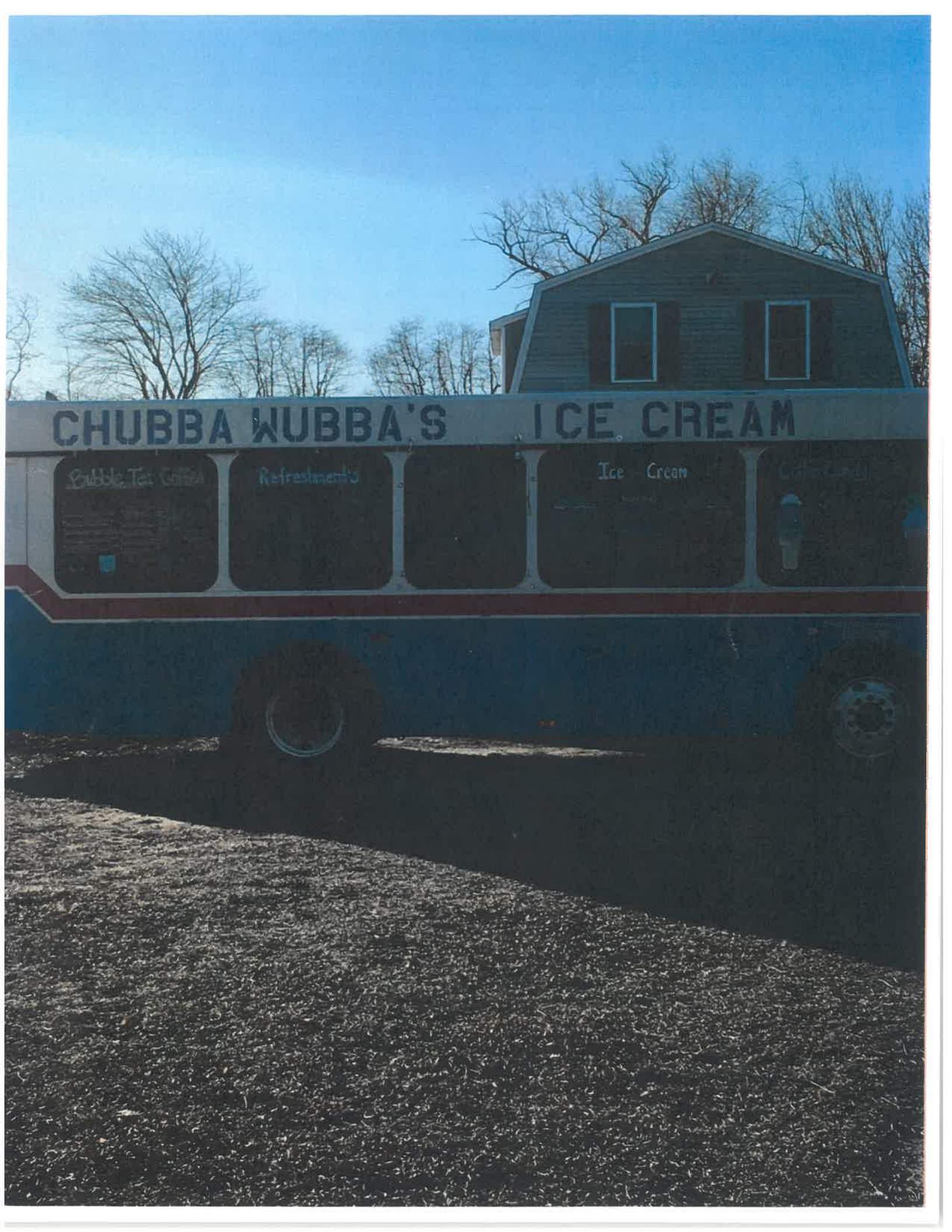
Date	Certified Copy Requested by:
06/19/2020	SHIRL G ROSS
06/19/2020	SHIRL G ROSS

\*\*\* END OF DRIVER HISTORY \*\*\*

**CERTIFIED - TRUE & CORRECT**

Refer Phone if needed 603-227-4000

Director of Motor Vehicles  
Speech/Hearing Impaired Relay TTY/TDD 1-800-735-2964



# CHUBBA WUBBA'S ICE CREAM


Bubble Tea Coffee

Refreshments

Ice Cream

Cakes & Pastries



 **New Hampshire** DRIVER LICENSE  
NOT FOR FEDERAL IDENTIFICATION

30 EXPIRATION DATE **05/04/2022** 34 IDENTIFICATION NUMBER **05RSS74041**

1 LAST NAME **ROSS**

2 GIVEN NAMES **SHIRL G**

3 ADDRESS  
PO BOX 4301  
MANCHESTER, NH 03108


16 SEX **F** 15 HGT **5'-04"** 17 WGT **125 lb** 18 EYES **GRN** 19 HAIR **BRO**

4a ISSUE DATE **05/19/2017** 4b DATE OF BIRTH **05/04/1974**

5 CLASS **D**

6 RESTRICTIONS **NONE** 7a ENDORSEMENTS **NONE**

*Shirl G*

 8 00401188

**NEW HAMPSHIRE** NH USA

**OPR** OPR-MC



4d. **07SNW90081**

3.DOB: 07/08/1990

4b.Exp: 07/08/2021

5.Hgt: 72 in  
6.Wt: 210  
7.Eye: BRO  
8.Hair: BRO  
9.Sex: M

12. WILLIAM C SHAHEEN  
8. PO BOX 382  
TWIN MOUNTAIN NH 03595

