

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

DATE: 6/5/2023

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

APPLICANTS NAME Randall Durant

ADDRESS 16 Susan Lane, Hampton, NH 03842

HOME TELEPHONE (603) 974-3434

BUSINESS PHONE (603) 974-3114

EMERGENCY PHONE (603) 479-3108 *Leila*

E-MAIL ADDRESS info@funkyladles.com

TYPE OF BUSINESS Mobile food truck

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

SALES LOCATION Town of Seabrook - Seabrook Tire

SALES AREA SIZE Town of Seabrook

TYPE OF VEHICLE/EQUIP. (LIMIT 1 CART/STAND AND 1 VEHICLE PER LICENSE)
(MAKE & MODEL) 1990 Chevy P30 Gas Step Van

VEHICLE REGISTRATION (ATTACH PHOTOGRAPH OF VEHICLE AND SALES EQUIP.)
(STATE & NUMBER) NH Reg; Plate: FUNKY

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

Randall Durant

I, Randall Durant, 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
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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: _____

- 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

Seabrook Code Enforcement
99 Lafayette Road
Seabrook, NH 03874
603-474-3871

05/23/2023 11:20:59 AM
Invoice No: 819830
Type: SALE

Seabrook Code Enforcement	50.00
EB2Gov/Conv. Fee	2.50

Total:	52.50

=====

Paid by Credit Card

AMOUNT TENDERED

Card Number: *****7934
Cardholder Name: LEILA HARRINGTON
Merchant Approval: 226013989
Fee Approval: 226013989-CFEE

CUSTOMER Copy

Thank you!

Seabrook Code Enforcement
99 Lafayette Road

PERMIT # BOH-299-2023

FEE: \$ 50.00

TOWN OF SEABROOK, NH HEALTH PERMIT

THIS IS TO CERTIFY THAT:

FUNKY LADLES

Located At: 68 LAFAYETTE RD

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, 2023

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

A handwritten signature in black ink, appearing to be "R Durant", written over a horizontal line.

(not valid unless signed by Applicant)

Date May 24, 2023

This certifies that in accordance with RSA Chapter 320

Randall Durant of 16 Susan Lane, Hampton, NH 03842
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 Randall Durant 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 10/30/1964 Height 5'10" Weight 210

Color of Hair Brown Color of Eyes Brown

Distinguishing Characteristics tattoos: right & left biceps, right forearm

License Number 2023-260

This License Expires May 24, 2024

A handwritten signature in black ink, appearing to be "E. Hennessy", written over a horizontal line.

Deputy Secretary of State

This license may be laminated











New Hampshire DRIVER LICENSE

NOT FOR FEDERAL IDENTIFICATION



4b EXP. DATE 10/30/2023

4a CREDENTIAL IDENTIFIER NHL17468143

1 FAMILY NAME DURANT

2 GIVEN NAMES RANDALL J

6 16 SUSAN LANE
HAMPTON, NH 03842

15 SEX M 16 HGT 5'-10" 17 WGT 210 lb 18 EYES BRO 19 HAIR BRO

4e ISSUE DATE 08/28/2016 3 DATE OF BIRTH 10/30/1964

9 CLASS D

12 RESTRICTIONS NONE

9a ENDORSEMENTS AG



00920657



DIRECTOR OF MOTOR VEHICLES



NEXT OF KIN

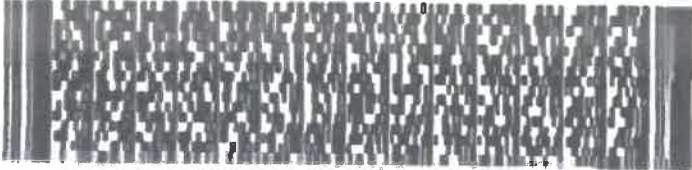
MEDICAL CONDITION

LEGAL ADDRESS

12 RESTRICTIONS NONE

9a ENDORSEMENTS NONE-MOTORCYCLE

9 CLASS D-NON COMMERCIAL CLASS D



00920657



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/18/2023

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		CONTACT NAME: Lindsey Goodrich	
Foy Insurance - Salem		PHONE (A/C No. Ext): (603) 898-6320	FAX (A/C No.): (603) 898-8259
127 Rockingham Road Suite 104		E-MAIL ADDRESS: lindsey.goodrich@foyinsurance.com	
Windham	NH 03087	INSURER(S) AFFORDING COVERAGE	
INSURED		INSURER A: Maine Mutual- ING Insurance Co.	NAIC # 15997
Funky Ladles		INSURER B:	
16 Susan Ln		INSURER C:	
Hampton		INSURER D:	
NH 03842		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** Master 2023/2024 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			BR24015780	4/28/2023	4/28/2024	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	<input checked="" type="checkbox"/> per BR0513						MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000
	OTHER:						PRODUCTS - COMPROP AGG	\$ 2,000,000
A	AUTOMOBILE LIABILITY			RA14375020	4/28/2023	4/28/2024	Hired/Non-Owned Auto	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/>	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> HIRED AUTOS		<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$
	UMBRELLA LIAB						PROPERTY DAMAGE (Per accident)	\$
	EXCESS LIAB						Uninsured motorist combined single	\$ 1,000,000
	DED						EACH OCCURRENCE	\$
	RETENTION \$						AGGREGATE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				PER STATUTE	
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

CERTIFICATE HOLDER**CANCELLATION**

Seabrook Tire
58 Lafayette Rd.
Seabrook,, NH 03874

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

Michael Foy/PBARB

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THE STATE OF NEW HAMPSHIRE

DEPARTMENT OF SAFETY, DIVISION OF STATE POLICE

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



**** PUBLIC/CONVICTION ONLY CRIMINAL RECORD ****

SID# NH221939

Name DURANT, RANDALL J

DOB 10/30/1964

POB	MA	Hair	Brown	Weight	205
Sex	M	Eye	Brown	Height	70
ADDR	16 SUSAN LANE HAMPTON NH 03842	Race	White	Prints	
OLN		FPC		Photo Available	
				Palm Available	

Cycle 001

Complaint As Accepted For Filing

Offense 637:7, Recv Stolen Prop
 Degree MISDEMEANOR B
 Court BRENTWOOD-D
 Inchoate

Docket # 435-2017-CR-02098
 Charge ID 1444877C
 Violation Date 09/18/2017
 Violation End Date 09/18/2017

Court Disposition

Offense 637:7, RECV STOLEN PROP
 Degree MISDEMEANOR B
 Court BRENTWOOD-D
 Court Date 12/17/2019

Docket # 435-2017-CR-02098
 Charge ID 1444877C
 Violation Date 09/18/2017
 Violation End Date 09/18/2017
 Indicted
 Appeal

Findings

Plea Date 12/17/2019 Plea NOT GUILTY
 Finding Date 12/17/2019 Finding GUILTY
 Judge LEFRANCOIS, DAVID G

Amended Reason

Sentence

Date 12/17/2019 Type SENTENCED
 Judge LEFRANCOIS, DAVID G

Sentence Condition

Description	Amount	Comments
GOOD BEHAVIOR FOR SIX MONTHS		

Confinement

Effective	Credit Term Served	Agency
Mandatory Max	Mandatory Min	
Serve Consecutive Days		
Suspended Max Term	Suspended Min Term	
All Suspended	Suspended For	
Deferred Max Term	Deferred Min Term	
All Deferred	Deferred For	
Comments		

Fees

Fines	\$620.00	Suspended Fine	\$372.00	Deferred	\$0.00	Fine Due Date
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Probation

Term
 Probation Type
 Comments

Community Services

Hours
 Comments

Cycle 002

Complaint As Accepted For Filing

Offense	159:3,1-a, Hand Guns Felon, Gun Application	Docket #	218-2016-CR-01554
Degree	FELONY B	Charge ID	1312555C
Court	ROCKINGHAM-S	Violation Date	01/28/2016
Inchoate		Violation End Date	01/28/2016

Court Disposition

Offense	159:3,1-A, HAND GUNS FELON, GUN APPLICATION	Docket #	218-2016-CR-01554
Degree	FELONY B	Charge ID	1312555C
Court	ROCKINGHAM-S	Violation Date	01/28/2016
Court Date	05/30/2017	Violation End Date	01/28/2016
		Indicted	Y
		Appeal	

Findings

Plea Date

Plea GUILTY

Finding Date 05/30/2017

Finding GUILTY BY COURT

Judge

Amended Reason

Sentence

Date 05/30/2017

Type

Judge

Confinement

Effective

Credit Term Served

Agency

Mandatory Max

Mandatory Min

Serve Consecutive Days

Suspended Max Term

Suspended Min Term

All Suspended

Suspended For

Deferred Max Term

Deferred Min Term

All Deferred

Deferred For

Comments

12 MONTHS - ALL SUSPENDED FOR 2 YEARS

Fees

Fines \$620.00

Suspended Fine \$0.00

Deferred \$0.00

Fine Due Date

Probation

Term

Probation Type

Comments

LAW ENFORCEMENT MAY DESTROY EVIDENCE; COUNSELING, TREATMENT OR EDUCATIONAL PROGRAMS

Community Services

Hours

Comments



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

I certify this record being disseminated to:

DURANT, RANDALL J-DURANT, RANDALL J

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

By: NH State Police Criminal Records Unit



Date: May 18, 2023

Director

*** END OF CRIMINAL 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 a complete Criminal Record of the named individual.



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



John C. Marasco
Director of Motor Vehicles

Driver Record Report -- Driver History

Date of Print: 05/24/2023

Requestor:

RANDALL J DURANT
16 SUSAN LANE
HAMPTON NH - 03842

Driving Record of: RANDALL J DURANT

16 SUSAN LANE
HAMPTON NH - 03842
10/30/1964
NH13799213

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: NHL17468143	Credential Type: DRIVER LICENSE	DL Class: D
Issue Date: 8/29/2018	Expiration Date: 10/30/2023	
Endorsements: MOTORCYCLE		

Also Known As /Formerly Known As (AKA/FKA)				
Last Name	First Name	Middle Name	Suffix	Date of Birth
DURANT	RANDALL JOHN			10/30/1964

CONVICTION DATE: 12/16/2020	RSA: M42	ORIG CODE: IMPROPER OR ERRATIC (UNSAFE) LANE CHANGES
JURISDICTION: MA	COURT:	LOC REF:
VIOLATION DATE: 11/12/2020		

CONVICTION DATE: 06/28/2019	RSA/ACD: S93	DESCRIPTION: SPEEDING
COURT:	PD:	VIOLATION DATE: 10/20/2008
CITATION NUMBER:	PLEA:	DISPOSITION: GUILTY
DEMERIT POINTS: 0		CONVICTION TYPE: OUT OF STATE VIOLATION
CHARGE ID: 4T3804R5SP	DOCKET: 4T3804R5SP	JURISDICTION CODE: NY

Date	Certified Copy Requested by:
03/22/2019	RANDALL J DURANT

*** END OF DRIVER HISTORY ***

CERTIFIED - TRUE & CORRECT

John C. Marasco
NH13799213
Director of Motor Vehicles