

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

DATE: MAY
APRIL 2, 2023

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

APPLICANTS NAME Peter A Riley, Water Dogs, LLC

ADDRESS 148 Ocean Blvd, Seabrook, NH 05874

HOME TELEPHONE (603) 770-1689

BUSINESS PHONE () same as above

EMERGENCY PHONE () same as above

E-MAIL ADDRESS pay43@wildcats.unh.edu

TYPE OF BUSINESS Hot Dog Cart

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

SALES LOCATION Ocean Blvd, Seabrook Harbor Parking Lot

SALES AREA SIZE Approx 10' x 20' including car

TYPE OF VEHICLE/EQUIP. (LIMIT 1 CART/STAND AND 1 VEHICLE PER LICENSE)
(MAKE & MODEL) Hot Dog Cart, Ford Expedition

VEHICLE REGISTRATION (ATTACH PHOTOGRAPH OF VEHICLE AND SALES EQUIP.)
(STATE & NUMBER) NH #5881672, Hot Dog Pics attached

EMPLOYEE IDENTIFICATION: (LIST THE NAMES OF ALL EMPLOYEES INCLUDING THE APPLICANT) (ATTACH A COPY OF DRIVER'S LICENSE FOR EACH NAME)
Peter Riley - DL attached
Owen Riley - Currently in process of obtaining license

I, Peter Riley, manager, 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
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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): Approved pending approval by Health officer.
INITIALS: [Signature] [Signature] 5/23/23

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

RECOMMENDATION OF HEALTH OFFICER APPROVE DENY
SPECIAL CONDITIONS (IF ANY):
INITIALS: LF 5/23/23

- 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)
05/01/2023

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 Tobey & Merrill Insurance 20 High Street Hampton, NH 03842 www.tobeymerrill.com	CONTACT NAME: PHONE (A/C, No, Ext): 603-601-1022 FAX (A/C, No): E-MAIL ADDRESS: customerservice@tobeymerrill.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: Water Dogs LLC 148 Ocean Blvd Seabrook, NH 03874	INSURER A : Great American Insurance Company	16691
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** GAS108214 **REVISION NUMBER:**

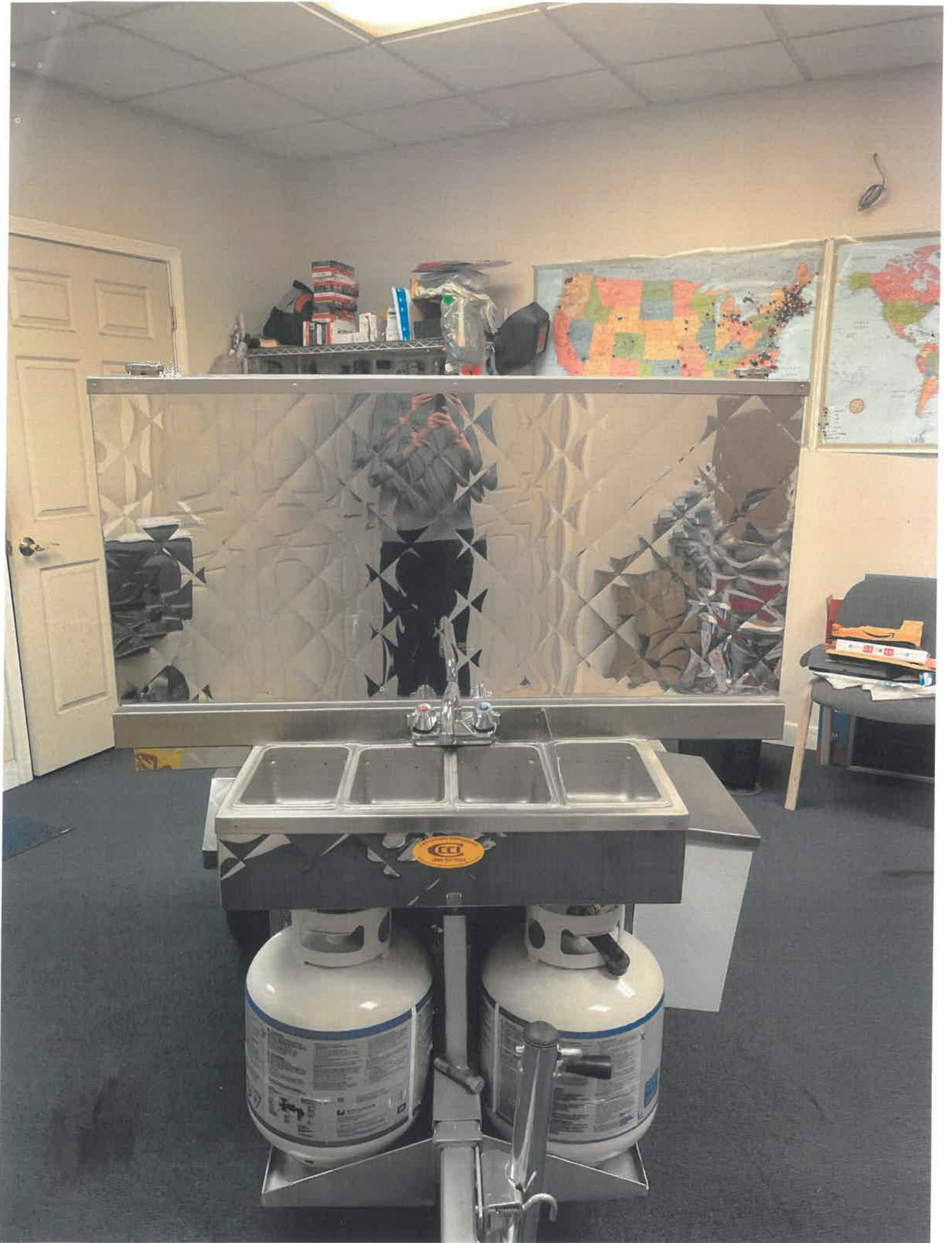
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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.

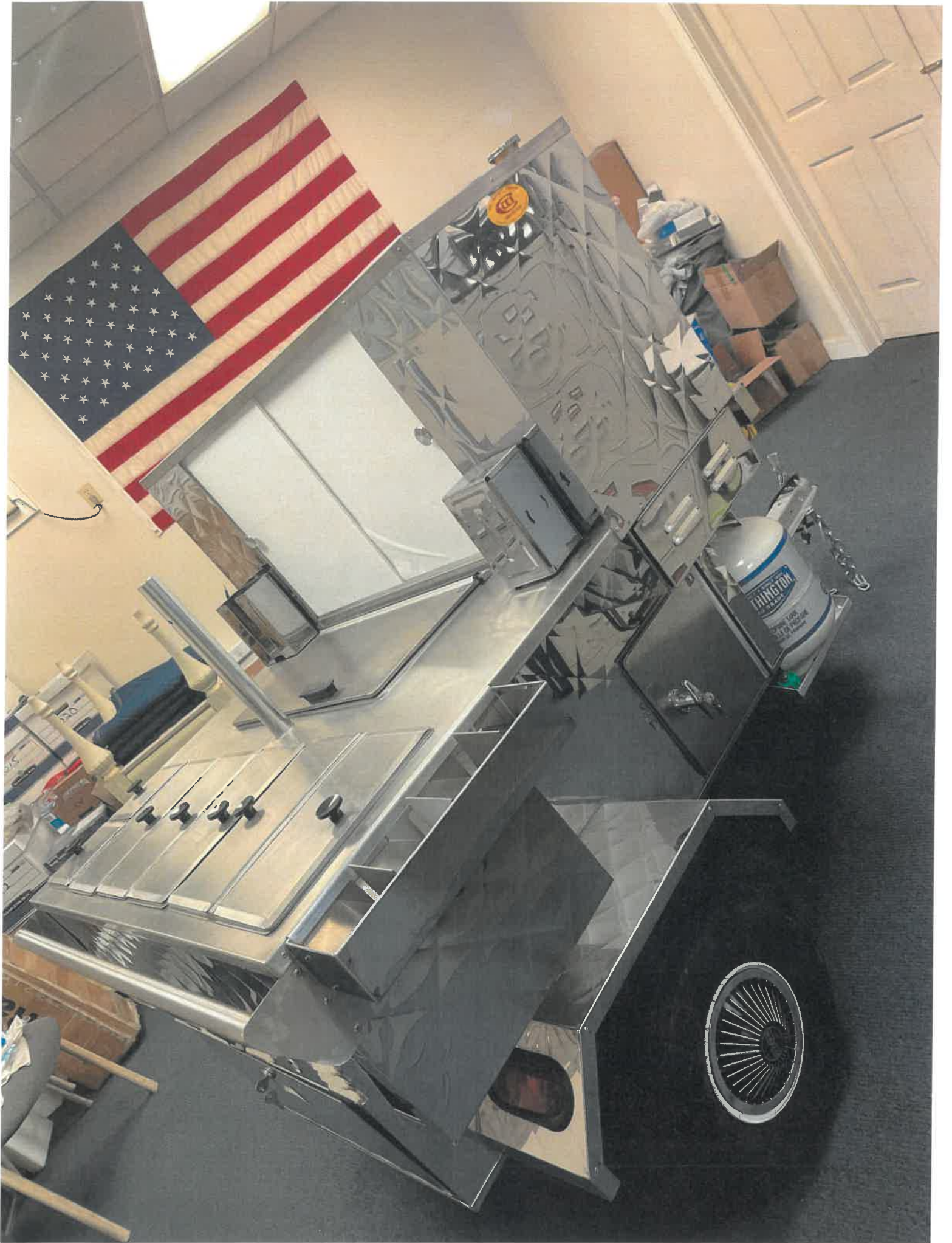
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			PAC 4725034	05/01/2023 12:00 AM	11/01/2023 12:01 AM	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$10,000
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED	X					PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	<input type="checkbox"/> HIRED AUTO						PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/> SCHEDULED AUTOS							
	<input type="checkbox"/> NON-OWNED AUTOS							
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE	
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	
	DED RETENTION \$							
A	Professional Liability	X		PAC 4725034	05/01/2023 12:00 AM	11/01/2023 12:01 AM	EACH OCCURRENCE	\$1,000,000
							AGGREGATE LIMIT	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Covered Vendor Type: Food & Drink. Certificate Holder is named as additional insured with respect to the operations of the Named Insured. The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.
Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

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 <i>Tobey & Merrill, Inc.</i>
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New Hampshire DRIVER LICENSE

NOT FOR FEDERAL IDENTIFICATION



08/23/2024 NHL14483824

RILEY
PETER A

148 OCEAN BLVD
SEABROOK, NH 03874

M 5'-11" 245 lb BLU BLN

07/16/2020 08/23/1964

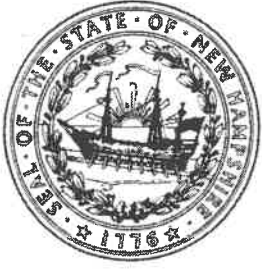
NONE MC

DUPLICATE

P



698869T0



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



Name: RILEY, PETER

DOB: 08/23/1964

**** NO CRIMINAL CONVICTION RECORD FOUND ****

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

I certify this record being disseminated to:

RILEY, PETER-RILEY, PETER

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

By: NH State Police Criminal Records Unit *Nathan A. Noyes*

Date: March 29, 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: **03/28/2023**

Requestor:

PETER A RILEY
148 OCEAN BLVD
SEABROOK NH - 03874

Driving Record of: PETER A RILEY

148 OCEAN BLVD
SEABROOK NH - 03874
08/23/1964
NHI16134349

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

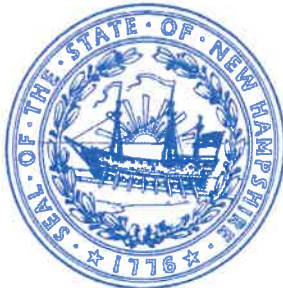
ID Number: NHL14483824	Credential Type: DRIVER LICENSE	DL Class: D
Issue Date: 7/16/2020	Expiration Date: 8/23/2024	
Endorsements: MOTORCYCLE		

SANCTION START DATE: 09/02/2019	PRIVILEGE TYPE: OPERATING PRIVILEGE	SANCTION TYPE: SUSPENSION
RSA/ACD: 263:77	RSA/ACD DESCRIPTION: RECIPROCITY - OPERATOR ONLY	DATE OF NOTICE: 8/3/2019
SUSPENSION DURATION: INDEFINITE SUSPENSION	JURISDICTION CODE: NH	
SOURCE OF SANCTION: ADMINISTRATIVE		
RESTORED:09/23/2019		

SANCTION START DATE: 11/12/2016	PRIVILEGE TYPE: OPERATING PRIVILEGE	SANCTION TYPE: SUSPENSION
RSA/ACD: XXX	RSA/ACD DESCRIPTION: RECIPROCITY	DATE OF NOTICE: 10/12/2016
SUSPENSION DURATION: INDEFINITE SUSPENSION	JURISDICTION CODE: NH	
SOURCE OF SANCTION: ADMINISTRATIVE		
RESTORED:03/21/2017		

CONVICTION DATE: 12/28/2014	RSA/ACD: 265:60	DESCRIPTION: 16-20 MPH OVER SPEED LIMIT
COURT: ADMINISTRATIVE-DEPARTMENT OF SAFETY	PD: STATE POLICE TROOP E TAMWORTH	VIOLATION DATE: 11/28/2014
CITATION NUMBER: DET140134159	PLEA: NOLO CONTENDERE	DISPOSITION: GUILTY
FINE: \$103.33	FEE:	
DEMERIT POINTS: 0		CONVICTION TYPE: PLEA BY MAIL
CHARGE ID:	DOCKET:	JURISDICTION CODE: NH
SENTENCE: 265:60 053-035		

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



Peter A. Riley

(not valid unless signed by Applicant)

Date **April 5, 2023**

This certifies that in accordance with RSA Chapter 320

Peter Riley of **148 Ocean Blvd., 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 **Peter Riley** 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 **8/23/1964** Height **5'4"** Weight **250**

Color of Hair **Black** Color of Eyes **Black**

Distinguishing Characteristics **none**

License Number **2023-093**

This License Expires **April 5, 2024**

E. A. Hennessy

Deputy Secretary of State

This license may be laminated

Please do not reply to this email message. This has been sent to you by an automated process. If you need assistance contact the appropriate office listed below.

Dear Water Dogs, LLC,

Your *QuickStart* account has been created. Here are the details:

User ID: WaterdogsLLC2023

Customer ID: 000525684

Customer Name: Water Dogs, LLC

Email Address: pay43@wildcats.unh.edu

Alternate Email: pay43@wildcats.unh.edu

Password: Hotdogs4sale2023

Registered On: 4/19/2023

As always, please keep your login information in a safe place, and login to <https://quickstart.sos.nh.gov/online> at any time to access your Notices, Receipts, Filing Acknowledgments and Data Subscriptions.

Thank you,
New Hampshire Department of State
State House, Room 204
107 North Main Street
Concord, NH 03301-4989

Corporate Filings: Phone: 603-271-3246 Email: corporate@sos.nh.gov
UCC Filings: Phone: 603-271-3276 Email: ucc@sos.nh.gov
Administration: Phone: 603-271-3242 Email: administration@sos.nh.gov



State of New Hampshire

Department of State

Date Submitted: 4/19/2023
 David M. Scanlan
 Secretary of State

Form LLC-1
 RSA 304-C:31

CERTIFICATE OF FORMATION NEW HAMPSHIRE LIMITED LIABILITY COMPANY

THE UNDERSIGNED, under the New Hampshire Limited Liability Company Laws submits the following certificate of formation:

FIRST: The name of the limited liability company is:

WATER DOGS, LLC

Principal Business Information:

Principal Office Address:

148 ocean blvd, Seabrook, NH 03874	seabrook	NH	03874
(no. & street)	(city/town)	(state)	(zip code)

Principal Mailing Address (if different):

148 ocean blvd, Seabrook, NH 03874	seabrook	NH	03874
(no. & street)	(city/town)	(state)	(zip code)

Business Phone: **6037701689**

Business Email: **pay43@wildcats.unh.edu**

Notification Email: **pay43@wildcats.unh.edu**

Please check if you would prefer to receive the Annual Report Reminder Notice by email.

SECOND: Describe the nature of the primary business or purposes (and if known, list the NAICS Code and Sub Code):

72-Accommodation and Food Services - 330-Mobile Food Services

THIRD: The name of the limited liability company's initial registered agent is:

Peter Riley

The complete address of its registered office (agent's business address) is:

148 ocean blvd, Seabrook, NH 03874	seabrook	NH	03874 0387
(no. & street)	(city/town)	(state)	(zip code)

FOURTH: The management of the limited liability company is not vested in a manager or managers.

The period of its duration is: **Perpetual**

Manager/Member Information:

<u>Name</u>	<u>Title</u>	<u>Address</u>
Peter Riley	Member	148 ocean blvd, Seabrook, NH 03874, seabrook, NH,

03874, USA

Title: **Member**

Signature: **Peter Riley**

Name of Signer: **Peter Riley**

Date signed: **04/19/2023**

Effective Date: **04/19/2023 12:35:00 PM**

Note: The sale or offer for sale of membership interests of the limited liability company will comply with the requirements of the New Hampshire Uniform Securities Act (RSA 421-B). The membership interests of the limited liability company: 1) have been registered or when offered will be registered under RSA 421-B; 2) are exempted or when offered will be exempted under RSA 421-B; 3) are or will be offered in a transaction exempted from registration under RSA 421-B; 4) are not securities under RSA 421-B; OR 5) are federal covered securities under RSA 421-B. The statement above shall not by itself constitute a registration or a notice of exemption from registration of securities within the meaning of sections 448 and 461(i)(3) of the United States Internal Revenue Code and the regulation promulgated thereunder.

* Must be signed by a **manager**; if no manager, must be signed by a **member**.

DISCLAIMER: All documents filed with the Corporation Division become public records and will be available for public inspection in either tangible or electronic form.

PERMIT # BOH-301-2023

FEF: \$ 50.00

TOWN OF SEABROOK, NH HEALTH PERMIT

THIS IS TO CERTIFY THAT:

WATER DOGS

Located At: 148 OCEAN BLVD

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