

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

DATE: 06/12/2023

TYPE OF LICENSE (ATTACH COPY OF STATE LICENSE)

HAWKERS & PEDDLERS (FEE = \$50.00)

ITINERANT VENDOR (FEE = \$250.00)

APPLICANTS NAME

Ahmad Alkhatatbi'h

ADDRESS

5 Cypress street, Haverhill MA 01830

HOME TELEPHONE

(617) 3831546

BUSINESS PHONE

(617) 3831546

EMERGENCY PHONE

(617) 3831546

E-MAIL ADDRESS

khatatbi'h@yahoo.com

TYPE OF BUSINESS

pre-packaged Ice cream

FOOD SALES:

YES (ATTACH SEABROOK HEALTH OFFICE LICENSE)

NO

SALES LOCATION

Mobile / Icecream truck

SALES AREA SIZE

Seabrook, NH

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

(MAKE & MODEL)

1998 Chevy p30

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

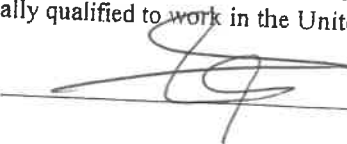
(STATE & NUMBER)

MA W96171

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

I, Ahmad Alkhatatbi'h, 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: SD 7/14/23

Criminal Background Check/Copy Attached

Motor Vehicle Background Check/Copy Attached

RECOMMENDATION OF HEALTH OFFICER

APPROVE

DENY

SPECIAL CONDITIONS (IF ANY):

INITIALS: LF

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

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



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

(not valid unless signed by Applicant)

Date **July 10, 2023**

This certifies that in accordance with RSA Chapter 320

Ahmad Alkhatatbih of **5 Cypress Street, Haverhill, MA 01830**
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 **Ahmad Alkhatatbih** 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 **10/30/1983** Height **5'8"** Weight **150**

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

Distinguishing Characteristics **none**

License Number **2023-393**

This License Expires **July 10, 2024**

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

Deputy Secretary of State

This license may be laminated



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/11/2023

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 have ADDITIONAL INSURED provisions or 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 Hiscox Inc. 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	CONTACT NAME: PHONE (A/C, No, Ext): (888) 202-3007	FAX (A/C, No):
	E-MAIL ADDRESS: contact@hiscox.com	
INSURED Ahmad Alkhatatbih 5 cypress street Haverhill, MA 01830	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Hiscox Insurance Company Inc	NAIC # 10200
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** **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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			P101.744.426.1	04/10/2023	04/10/2024	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS		<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE 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)
 1998 Chevrolet P30 -Vin# 1GBGP32WXW3311864

CERTIFICATE HOLDER

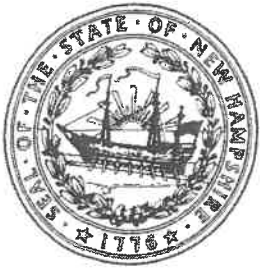
Town of Seabrook
 99 Lafayette Road
 Seabrook, NH 03874

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

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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



Name: ALKHATATBIH, AHMAD

DOB: 10/30/1983

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

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

I certify this record being disseminated to:

SELF

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: July 10, 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 Marasco
Director of Motor Vehicles

JULY 10, 2023

Dear Sir/Madam:

The New Hampshire Division of Motor Vehicles is unable to complete your request for Release of Motor Vehicle Records (DSMV505) due to the following reason(s):

A motor vehicle record cannot be generated, as there is no matching information in the State of New Hampshire-Division of Motor Vehicles' database for:

Name: AHMAD ALKHATATBIH
Date of Birth: 10/30/1983

If you have questions related to this notice, please contact our office at (603) 227-4000.

Regards,

Shannon Rollins
Bureau of Operations



CERTIFICATE OF REGISTRATION
 M.G.L. Chapter 90 Section 24B makes it a crime to alter this Certificate
 MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

EXTERNAL CODE CON		REGISTRATION TYPE Commercial		PLATE NUMBER W96171		EFFECTIVE DATE 21-Feb-2023		TITLE NUMBER CC695403		EXPIRES ON 31-Dec-2023	
MODEL YEAR 1998	MAKE CHEV	MODEL P30	MODEL NUMBER	BODY STYLE BOX	COLOR WHITE		VEHICLE IDENTIFICATION NUMBER 1GBGP32WXW3311864				
RESIDENTIAL ADDRESS (IF DIFFERENT THAN MAILING)							TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER 6000				
GARAGE ADDRESS 4 WOODLAND CT LAWRENCE MA 01841-2338							US DOT NUMBER FOR COMMERCIAL VEHICLE				
NAME(S) OF OWNER(S) AND MAILING ADDRESS AHMAD B ALKHATATBIH 5 CYPRESS ST HAVERHILL MA 01830-5815							INSURANCE COMPANY UNITED FINANCIAL CASUALTY COMPANY				
LESSEE/IN CUSTODY OF							MAXIMUM SEATING CAPACITY FOR VEHICLES FOR HIRE				
							<i>Colleen J. O'Neil</i> Registrar of Motor Vehicles				
SPECIAL MESSAGE If this vehicle is newly acquired, it must be inspected within 7 days of registration.							CHANGE OF ADDRESS <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> MAILING <input type="checkbox"/> GARAGE				

Important information for vehicle owners

- **Certificate of Registration:** Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and/or trailer, in the vehicle, in some easily accessible place. The records of the RMV constitute the official status of the vehicle registration.
- **Change of Address:** By law, you must report any change of address to the RMV within 30 days. Visit mass.gov/rmv to change your address. Once you have reported the address change to the RMV, please write corrected address in box provided above.
- **No Insurance Card Required:** Massachusetts law does not require an insurance card. M.G.L. Chapter 90, Section 34, and Chapter 175, Section 113A, requires the vehicle's owner to maintain a compulsory motor vehicle liability insurance policy or bond for bodily injury coverage and property damage insurance. The insurer is required by law to electronically notify the Registry of Motor Vehicles if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's Office.
- **Transferring Your Plates:** Massachusetts General Law (M.G.L. Chapter 90, Section 2) allows you to transfer valid registration plates from this vehicle to a newly acquired new or used motor vehicle or trailer while you obtain insurance and a new registration. See the Transferring a Registration Section on the RMV's website at mass.gov/rmv for more information.
- **Cancel the registration plates if:**
 - The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle.
 - You move to another state and you register the vehicle in that state.
 - The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.

Skip the Line, Go Online! Visit Mass.Gov/RMV for list of available transactions.

PERMIT # BOH-304-2023

FEE: \$ 50.00

TOWN OF SEABROOK, NH HEALTH PERMIT

THIS IS TO CERTIFY THAT:

SAM'S ICE CREAM

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, 2023

MASSACHUSETTS DRIVER'S LICENSE
NOT FOR FEDERAL ID

08/10/2020 08/10/2020 S24879736
10/30/2025 10/30/1983
CLASS NONE NONE

1 ALKHATATBIH
2 AHMAD B
3 5 CYRPRESS ST
4 HAVERHILL MA 01830-5615

18 EYES BRO
15 SEX M 16 HGT 5-06 1/2
5 DD 09/12/2020 Rev 02/22/20 10/30/83

