

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

DATE: _____

TYPE OF LICENSE (ATTACH COPY OF STATE LICENSE)

HAWKERS & PEDDLERS (FEE = \$50.00)

ITINERANT VENDOR (FEE = \$250.00)

APPLICANTS NAME

Dean MANEMANUS

ADDRESS

17 Old County Rd Plaistow NH

HOME TELEPHONE

(603) 401-3510

BUSINESS PHONE

(987) 891-2843 Gail

EMERGENCY PHONE

(978) 270-8888 George

E-MAIL ADDRESS

dede 2424@AOL.com

TYPE OF BUSINESS

Icecream

FOOD SALES:

YES (ATTACH SEABROOK HEALTH OFFICE LICENSE)

NO

SALES LOCATION

Beach of Town

SALES AREA SIZE

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

Cher - STEP VAN

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

4638528 BRAKE DOWN vehicle 1643732

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

DEAN MANEMANUS. G

Gail MANEMANUS

I, Dean MANEMANUS, 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 Manemanus

TOWN OF SEABROOK, NH
HAWKERS, PEDDLERS AND SOLICITORS ORDINANCE
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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

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



Dean Manemanus

(not valid unless signed by Applicant)

Date **May 9, 2023**

This certifies that in accordance with RSA Chapter 320

Dean Manemanus of **11 Old Country Road, 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 **04/30/1954** Height **5'8"** Weight **180**

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

Distinguishing Characteristics **none**

License Number **2023-196**

This License Expires **May 9, 2024**

EE Hennessy

Deputy Secretary of State

This license may be laminated



New Hampshire DRIVER LICENSE
NOT FOR FEDERAL IDENTIFICATION

4b EXPIRATION DATE 04/30/2024 **4c CREDENTIAL CENTER** NHL15649102

1 FAMILY NAME MANEMANUS
2 GIVEN NAMES DEAN A

3 11 OLD COUNTY RD
PLAISTOW, NH 03865

5 SEX M **6 HGT** 5-08" **7 WGT** 175 lb **8 EYES** HAZ **9 HAIR** BRO



10 ISS DATE 05/01/2019 **11 DATE OF BIRTH** 04/30/1954

12 CLASS D

13 RESTRICTIONS NONE **14 ENDORSEMENTS** NONE

Dean Manemanus

01104311





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 Progressive Insurance PO Box 94739, Cleveland, OH 44101	CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing	
	PHONE (A/C, No, Ext): 1-800-444-4487	FAX (A/C, No):
E-MAIL ADDRESS: progressivecommercial@email.progressive.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: United Financial Casualty Company		11770
INSURED DEAN MANEMANUS 11 OLD COUNTY RD PLAISTOW, NH 03865	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES
CERTIFICATE NUMBER: 599349625273893807D071123T143328


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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	004310731	10/14/2022	10/14/2023	COMBINED SINGLE LIMIT (Ea accident) \$750,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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**

DEAN MANEMANUS 11 OLD COUNTY RD PLAISTOW, NH 03865	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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ADDITIONAL REMARKS SCHEDULE

AGENCY Progressive Insurance		NAMED INSURED DEAN MANEMANUS 11 OLD COUNTY RD PLAISTOW, NH 03865	
POLICY NUMBER 004310731			
CARRIER United Financial Casualty Company	NAIC CODE 11770	EFFECTIVE DATE: 10/14/2022	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits
Uninsured/Underinsured Motorist Bodily Injury	\$750,000 Combined Single Limit

Description of Location/Vehicles/Special Items

Scheduled autos only

2001 CHEVROLET EXPRESS G3500 1GCHG39R411136788	
Medical Payments	\$5,000
Comprehensive	\$500 Ded
Collision	\$500 Ded
2003 WORKHORSE P42 5B4HP42R333367260	
Medical Payments	\$5,000
Comprehensive	\$500 Ded
Collision	\$500 Ded
2003 WORKHORSE P42 5B4HP42R533367261	
Medical Payments	\$5,000
Comprehensive	\$500 Ded
Collision	\$500 Ded

Liability coverage may not apply to all scheduled vehicles.



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



Name: MANEMANUS, DEAN

DOB: 04/30/1954

**** 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: May 17, 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: 05/18/2022

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 ARTHUR			04/30/1954
MANENANUS	DEAN			04/30/1954
MANEMANUS	DEAN	A		04/30/1954

CONVICTION DATE: 03/27/2021	RSA/ACD: 266:5	DESCRIPTION: UNINSPECTED VEHICLE
COURT: ADMINISTRATIVE-DEPARTMENT OF SAFETY	PD: SALEM PD	VIOLATION DATE: 03/10/2021
CITATION NUMBER: 21864008030	PLEA: NOLO CONTENDERE	DISPOSITION: GUILTY
FINE: \$74.40	FEE:	
DEMERIT POINTS: 1		CONVICTION TYPE: PLEA BY MAIL
CHARGE ID:	DOCKET:	JURISDICTION CODE: NH

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

JURATION: INDEFINITE	JURISDICTION CODE: NH	
OF SANCTION: ADMINISTRATIVE		
RESTORED:09/18/2014		

CONVICTION DATE: 09/04/2012	RSA/ACD: 265:60	DESCRIPTION: 16-20 MPH OVER SPEED LIMIT
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	JURISDICTION CODE: NH	
SUSPENSION		
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	JURISDICTION CODE: NH	
SUSPENSION		
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	JURISDICTION CODE: NH	
SUSPENSION		
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	JURISDICTION CODE: NH	
SUSPENSION		
SOURCE OF SANCTION: CONVICTION		

04/2012

	Certified Copy Requested by:
03/2021	DEAN A MANEMANUS
06/10/2020	DEAN A MANEMANUS
04/23/2019	DEAN A MANEMANUS

*** END OF DRIVER HISTORY ***

CERTIFIED - TRUE & CORRECT



Director of Motor Vehicles

PERMIT # BOH-021-2022

FEE: \$ 50.00

TOWN OF SEABROOK, NH
HEALTH PERMIT

THIS IS TO CERTIFY THAT:

DEAN MANEMANUS (MOBILE VEN)

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

State of New Hampshire

REGISTRATION CERTIFICATE

0856A0163505

Registration certificate not valid for title purposes. All resident taxes for which I am liable have been paid.

PLATE 1643732 TYPE PASS CD 1 VSN 0221220 GVW 9400
MAKE WRKH MODEL P30842 BDY STL VAN CLR WHI
YEAR 2003 FG AXLES 2 LP NEW 26800 VIN 5B4HP42R333367260

EX P 04/30/2024

PP# PP TYPE SP# SP TYPE
DOB/ID LAST NAME SUFFIX FIRST NAME M
04/30/1954 MANEMANUS DEAN A



N.H.S.D. - M.V.
OFFICIAL DIRECTOR
VALIDATION # 1821

OWNER'S

RENEW REGISTRATION

NOT VALID WITHOUT DIRECTOR'S SEAL

02MAY2023 5014.0003 0856 9786 1 \$90.24

ATTENTION:

RSA 266:1 IV provides that newly registered vehicles and vehicles of which the ownership has been transferred must be inspected within 10 consecutive days of the registration date stamped on the registration certificate. If a new vehicle is purchased at retail from a licensed dealer the vehicle must be inspected no later than 20 days after the date of transfer.

RETAIN FOR TAX PURPOSES

STATE FEES

Table with 2 columns: Fee Name, Amount. Includes REGISTRATION \$90.24, STATE PARK PLATE \$0.00, TITLE \$0.00, TOTAL DUE \$90.24.

MUNICIPAL FEES

Table with 2 columns: Fee Name, Amount. Includes MOS/MILLS 12 3 \$80.00, MOS/MILLS 0 0 \$0.00, PERMIT FEE \$80.00, AGENT \$3.00, CLERK \$2.00, LOCAL TITLE \$0.00, TRANSFER \$0.00, TRANSFER CREDIT \$0.00.

TOTAL DUE \$86.00

MUNICIPAL COMMENT: Receipt: 247302;

Pursuant to RSA 261:55, the Director must be notified in writing within 30 days when moving from the address printed on the registration certificate.

LEGAL ADDRESS
11 OLD COUNTY RD
PLAISTOW NH
038652224

DEAN A MANEMANUS
11 OLD COUNTY RD
PLAISTOW NH 038652224

Signature of Dean Manemanus

(THIS APPLICATION IS SIGNED AND ANY ADDITIONAL INFORMATION IS OFFERED UNDER PENALTY OF UNSWORN FALSIFICATION PURSUANT TO RSA 641:3)

RDMV 344 (REV 08/18)

OWNER'S COPY

For Commercial Motor Vehicles Only: by signing this form, I certify knowledge of applicable Federal and state motor carrier safety regulations and laws as adopted by the State of New Hampshire.

State of New Hampshire

REGISTRATION CERTIFICATE

0856A0163503

Registration certificate not valid for title purposes. All resident taxes for which I am liable have been paid.

PLATE 4638528 TYPE PASS CD 4 VSN 0221218 GVW 9500
MAKE CHEV MODEL EXPRESS BDY STL VAN CLR WHI
YEAR 2001 FG AXLES 2 LP NEW 23200 VIN 1GCHG39R411136788

EX P 04/30/2024

PP# PP TYPE SP# SP TYPE
DOB/ID LAST NAME SUFFIX FIRST NAME M
04/30/1954 MANEMANUS DEAN A



N.H.S.D. - M.V.
OFFICIAL DIRECTOR
VALIDATION # 1821

OWNER'S

RENEW REGISTRATION

NOT VALID WITHOUT DIRECTOR'S SEAL

02MAY2023 5014.0001 0856 9786 1 \$91.20

ATTENTION:

RSA 266:1 IV provides that newly registered vehicles and vehicles of which the ownership has been transferred must be inspected within 10 consecutive days of the registration date stamped on the registration certificate. If a new vehicle is purchased at retail from a licensed dealer the vehicle must be inspected no later than 20 days after the date of transfer.

RETAIN FOR TAX PURPOSES

STATE FEES

Table with 2 columns: Fee Name, Amount. Includes REGISTRATION \$91.20, STATE PARK PLATE \$0.00, TITLE \$0.00, TOTAL DUE \$91.20.

MUNICIPAL FEES

Table with 2 columns: Fee Name, Amount. Includes MOS/MILLS 12 3 \$70.00, MOS/MILLS 0 0 \$0.00, PERMIT FEE \$70.00, AGENT \$3.00, CLERK \$2.00, LOCAL TITLE \$0.00, TRANSFER \$0.00, TRANSFER CREDIT \$0.00.

TOTAL DUE \$76.00

MUNICIPAL COMMENT: Receipt: 247302;

Pursuant to RSA 261:55, the Director must be notified in writing within 30 days when moving from the address printed on the registration certificate.

LEGAL ADDRESS
11 OLD COUNTY RD
PLAISTOW NH
038652224

DEAN A MANEMANUS
11 OLD COUNTY RD
PLAISTOW NH 038652224

Signature of Dean Manemanus

(THIS APPLICATION IS SIGNED AND ANY ADDITIONAL INFORMATION IS OFFERED UNDER PENALTY OF UNSWORN FALSIFICATION PURSUANT TO RSA 641:3)

RDMV 344 (REV 08/18)

OWNER'S COPY

For Commercial Motor Vehicles Only: by signing this form, I certify knowledge of applicable Federal and state motor carrier safety regulations and laws as adopted by the State of New Hampshire.