

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 khataatbi'h@yahoo.com

TYPE OF BUSINESS pre-packaged Ice cream

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

SALES LOCATION Mobile / Ice cream 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)

Ahmad Alkhatatbi'h

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 [Signature]

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: 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 "G. 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	
	INSURER(S) AFFORDING COVERAGE INSURER A: Hiscox Insurance Company Inc NAIC # 10200 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED Ahmad Alkhatatbih 5 cypress street Haverhill, MA 01830		

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			P101.744.426.1	04/10/2023	04/10/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 \$
	AUTOMOBILE LIABILITY <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						COMBINED SINGLE LIMIT (Ea accident) \$ 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 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

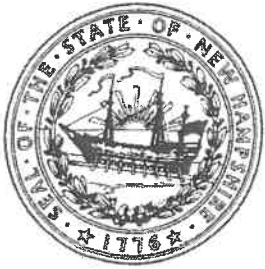
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 1998 Chevrolet P30 -Vin# 1GBGP32WXW3311864

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.

MASSACHUSETTS

DRIVER'S
LICENSE

NOT FOR FEDERAL ID



08/10/2020
10/30/2025
CLASS 12-REST
NONE

40 NUMBER
S24879736
DOB
10/30/1983
SEX END
NONE

1 ALKHATATBI
2 AHMAD B
3 5 CYRPRESS ST
4 HAVERHILL, MA 01830-5815

A handwritten signature in black ink, appearing to be 'Ahmad B. Alkhatatbi'.

18 EYES BRO
19 SEX M 16 HGT 5'-08"
5 DD 08/12/2020 Rev 02/22/2016

10/30/83

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



Receipt

Date: 08/03/2023
Transaction Location: Haverhill

Receipt #: L2012682256

Transaction(s):

Reference Number	Debt Type	Fee/Tax	Penalty	Interest	Total*	Amount Paid	Balance Due
98880640	Driver History Report	20.00	0.00	0.00	20.00	20.00	0.00

* Note: The amount under the "Total" column reflects the original debt owed.

Payment(s):

Payment Type	Check Number	Payment Amount
Cash	N/A	20.00

Conditions of Sale: If a balance remains due, you may access your account through Mass.Gov/RMV to make a payment online. If the payment is returned due to insufficient funds, a fee of \$15.00 will be applied to your account. All sales are final.



DRIVER HISTORY REPORT



Date: 08/03/2023

AHMAD B ALKHATATBIH
5 CYPRESS ST
HAVERHILL MA 01830-5815

Customer ID: S24879736

D.O.B: 10/30/1983

Letter ID: L0964974608

USPS ID: 098981

I hereby certify that the annexed instrument(s) are true copy(s) of the driving history and notice(s) of suspension/revocation/disqualification as appearing in the Registrar's records in accordance with the provisions of G.L. Chapter 90, Section 22.

COMMONWEALTH OF MASSACHUSETTS
REGISTRY OF MOTOR VEHICLES
Colleen J. Ogilvie
REGISTRAR

Public Driving Record - True & Attested

The following is a list of all publicly available violations and sanctions on file.

Section 1a - Customer Information

ALKHATATBIH, AHMAD B	Eye Color:	Brown
5 CYPRESS ST HAVERHILL MA 01830-5815	Organ Donor:	No
Driver License Status: Active	Height:	5' 8"
CDL Status:	Sex:	Male
Earliest License Issue Date (Electronic): 15-Jul-2016		

Current Credential

Class D Passenger License

Issue: 10-Aug-2020 | Expire: 30-Oct-2025 | Endorsements: None | Restrictions: None | REAL ID: No

Section 1b - CDL Self Certification Information

Self Certification Type:	Commence:	Cease:
<u>Examiner Information</u>		
Name:	Phone:	State:
License Number:	Registry:	Issue Date:
Posted:	Status:	Expire Date:
Variance:	SPE:	Corr Len: Hear Aid:
Variance Issue:	SPE Issue:	Exempt Intracity:
Variance Expire:	SPE Expire:	Quality Operator:

Section 2 - Violations

No verdicts on record

Section 3 - Sanctions

No sanctions on record

Section 4 - Record Requests

Report 0-212-137-449	PUBLIC DVD REQUESTED Report Request Date: 17-Feb-2023 Requester: LEXISNEXIS RISK SOLUTIONS INC
Report 0-211-481-394	PUBLIC DVD REQUESTED Report Request Date: 06-Feb-2023 Requester: TESSERA DATA INC
Report 0-208-527-622	PUBLIC DVD REQUESTED Report Request Date: 11-Dec-2022 Requester: TESSERA DATA INC
Report 0-208-353-378	PUBLIC DVD REQUESTED Report Request Date: 07-Dec-2022 Requester: TESSERA DATA INC
Report 0-195-551-192	PUBLIC DVD REQUESTED Report Request Date: 14-Mar-2022 Requester: LEXISNEXIS RISK SOLUTIONS INC
Report 0-192-695-215	PUBLIC DVD REQUESTED Report Request Date: 10-Jan-2022 Requester: TML INFORMATION SERVICES, INC.
Report 0-190-616-470	PUBLIC DVD REQUESTED Report Request Date: 21-Nov-2021 Requester: TML INFORMATION SERVICES, INC.
Report 0-190-232-328	PUBLIC DVD REQUESTED Report Request Date: 14-Nov-2021 Requester: TML INFORMATION SERVICES, INC.
Report 0-186-231-943	PUBLIC DVD REQUESTED Report Request Date: 18-Aug-2021 Requester: LEXISNEXIS RISK SOLUTIONS INC
Report 0-178-690-697	PUBLIC DVD REQUESTED Report Request Date: 15-Mar-2021 Requester: LEXISNEXIS RISK SOLUTIONS INC
Report 0-173-786-732	PUBLIC DVD REQUESTED Report Request Date: 19-Nov-2020 Requester: TML INFORMATION SERVICES, INC.
Report 0-173-732-215	PUBLIC DVD REQUESTED Report Request Date: 19-Nov-2020 Requester: LEXISNEXIS RISK SOLUTIONS INC
Report 0-166-194-778	PUBLIC DVD REQUESTED Report Request Date: 29-May-2020 Requester: LEXISNEXIS RISK SOLUTIONS INC
Report 0-160-729-307	PUBLIC DVD REQUESTED Report Request Date: 03-Feb-2020 Requester: TML INFORMATION SERVICES, INC.

Report 0-159-418-171	PUBLIC DVD REQUESTED Report Request Date: 09-Jan-2020 Requester: TML INFORMATION SERVICES, INC.
Report 0-157-239-337	PUBLIC DVD REQUESTED Report Request Date: 22-Nov-2019 Requester: SAFETY HOLDINGS, INC.
Report 0-152-769-375	PUBLIC DVD REQUESTED Report Request Date: 06-Sep-2019 Requester: LEXIS NEXIS RISK SOLUTIONS INC
Report 0-151-887-223	PUBLIC DVD REQUESTED Report Request Date: 20-Aug-2019 Requester: LEXIS NEXIS RISK SOLUTIONS INC
Report 0-149-055-553	PUBLIC DVD REQUESTED Report Request Date: 26-Jun-2019 Requester: SAFETY HOLDINGS, INC.
Report 0-146-190-134	PUBLIC DVD REQUESTED Report Request Date: 01-May-2019 Requester: SAFETY HOLDINGS, INC.
Report 0-144-793-529	PUBLIC DVD REQUESTED Report Request Date: 04-Apr-2019 Requester: LEXIS NEXIS RISK SOLUTIONS INC
Report 0-140-412-422	PUBLIC DVD REQUESTED Report Request Date: 28-Dec-2018 Requester: SAFETY HOLDINGS, INC.
Report 0-137-599-548	PUBLIC DVD REQUESTED Report Request Date: 25-Oct-2018 Requester: LEXIS NEXIS RISK SOLUTIONS INC
Report 0-128-698-515	PUBLIC DVD REQUESTED Report Request Date: 22-May-2018 Requester: LEXIS NEXIS RISK SOLUTIONS INC
Report 0-127-763-868	PUBLIC DVD REQUESTED Report Request Date: 30-Apr-2018 Requester: SAFETY HOLDINGS, INC.
Report 0-126-874-483	PUBLIC DVD REQUESTED Report Request Date: 19-Apr-2018 Requester: SAFETY HOLDINGS, INC.
Report 22910215	Legacy Report Request Requested Date: 1/5/2018 Requester: AMER DRIV RECS
Report 22582731	Legacy Report Request Requested Date: 10/30/2017 Requester: AMER DRIV RECS
Report 22565879	Legacy Report Request Requested Date: 10/25/2017 Requester: AMER DRIV RECS
Report 22466341	Legacy Report Request Requested Date: 10/6/2017 Requester: LEXIS/NEXIS CPT

Report
22331860

Legacy Report Request
Requested Date: 9/12/2017 | Requester: LEXIS/NEXIS CPT

Report
22326630

Legacy Report Request
Requested Date: 9/11/2017 | Requester: AMER DRIV RECS

Report
21517957

Legacy Report Request
Requested Date: 4/10/2017 | Requester: LEXIS/NEXIS CPT

Report
20956765

Legacy Report Request
Requested Date: 12/27/2016 | Requester: AMER DRIV RECS

Report
20956796

Legacy Report Request
Requested Date: 12/27/2016 | Requester: AMER DRIV RECS

Report
20949489

Legacy Report Request
Requested Date: 12/22/2016 | Requester: AMER DRIV RECS

Report
20834911

Legacy Report Request
Requested Date: 11/30/2016 | Requester: AMER DRIV RECS

Report
20621280

Legacy Report Request
Requested Date: 10/17/2016 | Requester: AMER DRIV RECS

Report
20555662

Legacy Report Request
Requested Date: 10/4/2016 | Requester: AMER DRIV RECS

Section 5 - Required Courses

No courses on record

SAM'S
Ice Cream

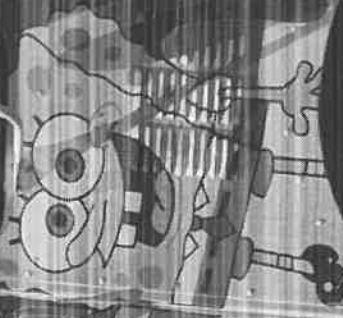


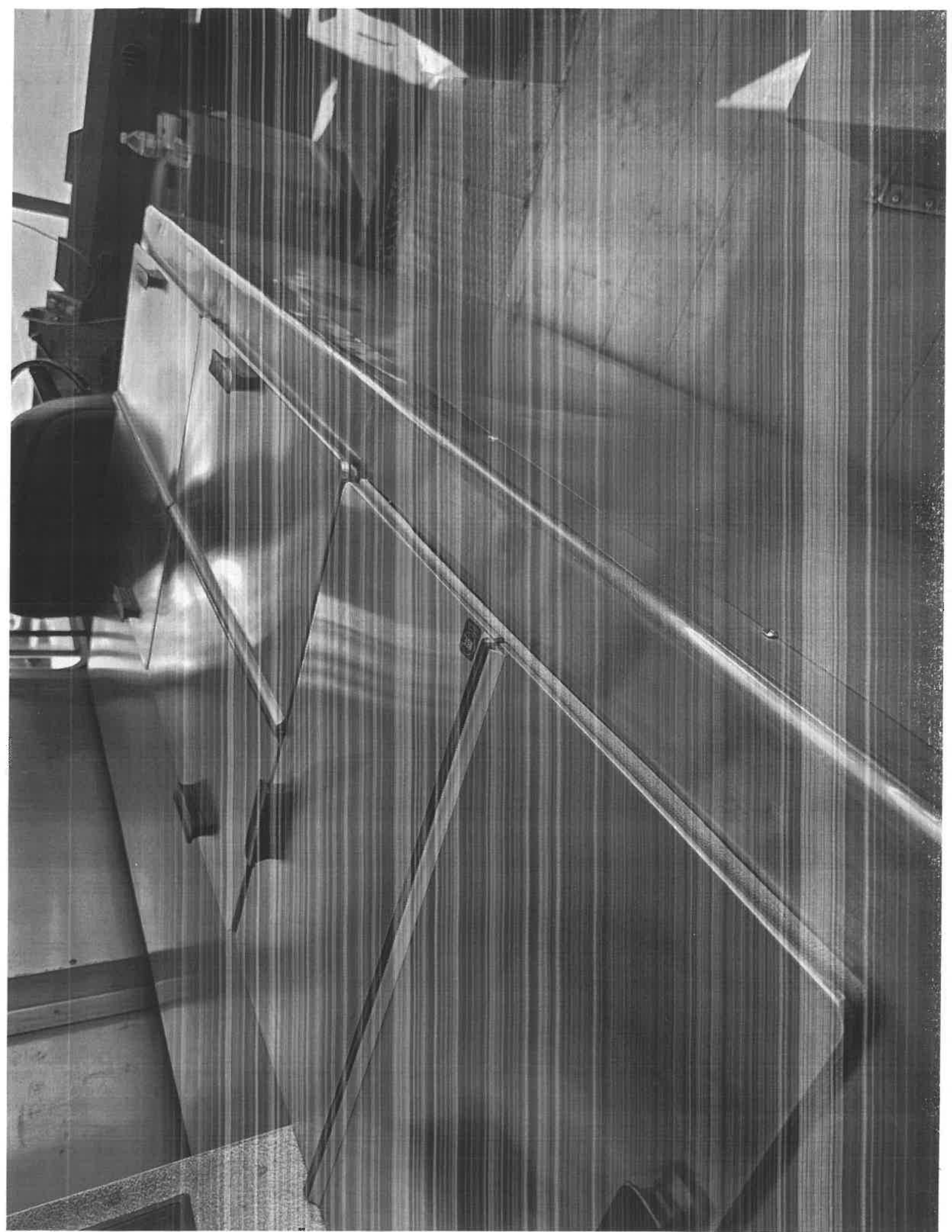
WATER
SODA
GATORADE

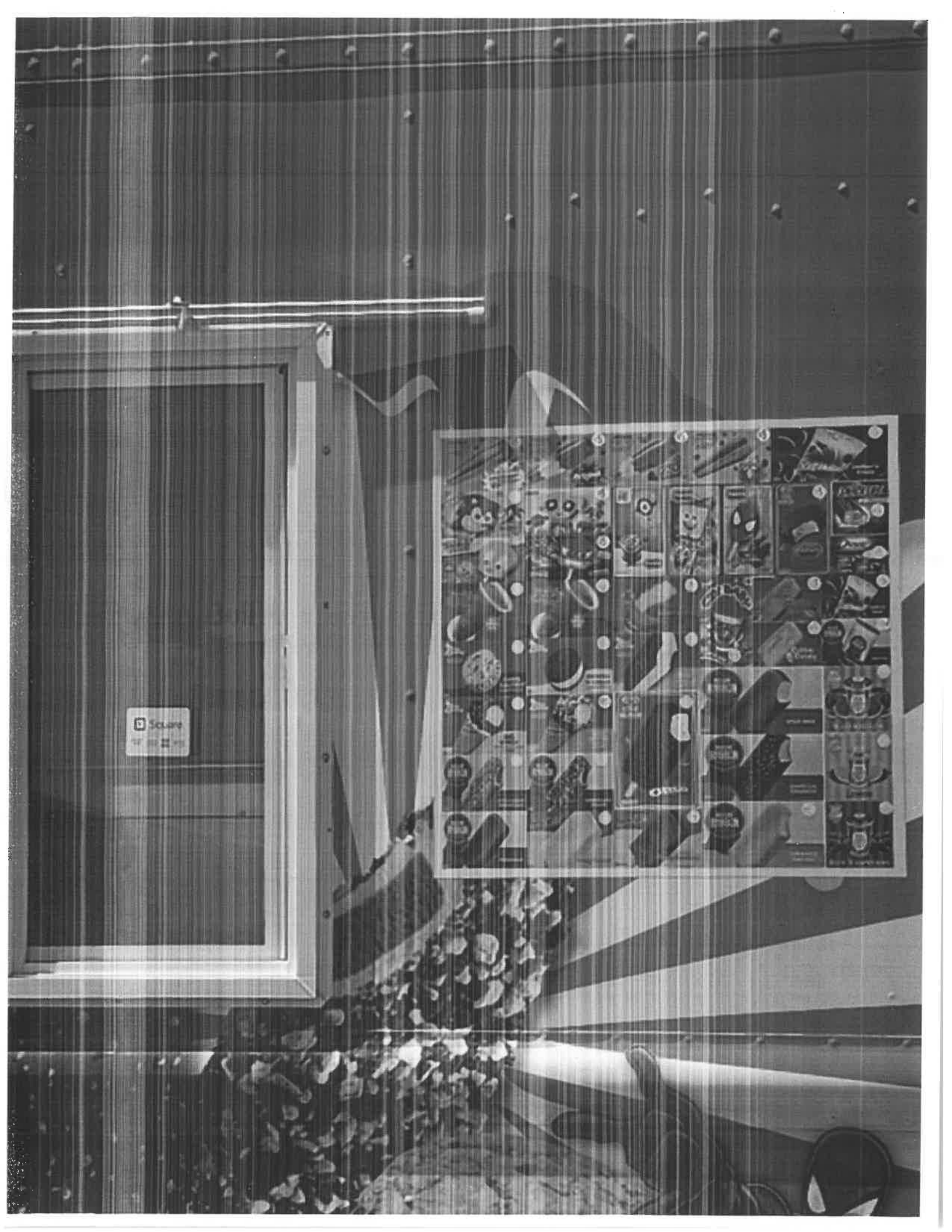


PARTIES
FESTIVALS
CORPORATE EVENTS

617-383-1546
SAMICECREAM.COM









CAUTION CHILDREN

Sally's
Ice Cream

PARTIES
FESTIVALS
BIRTHDAYS & EVENTS

677-384-8465
sallysicecream.com



1986 L71



SAMICECREAM.COM
617-383-1546

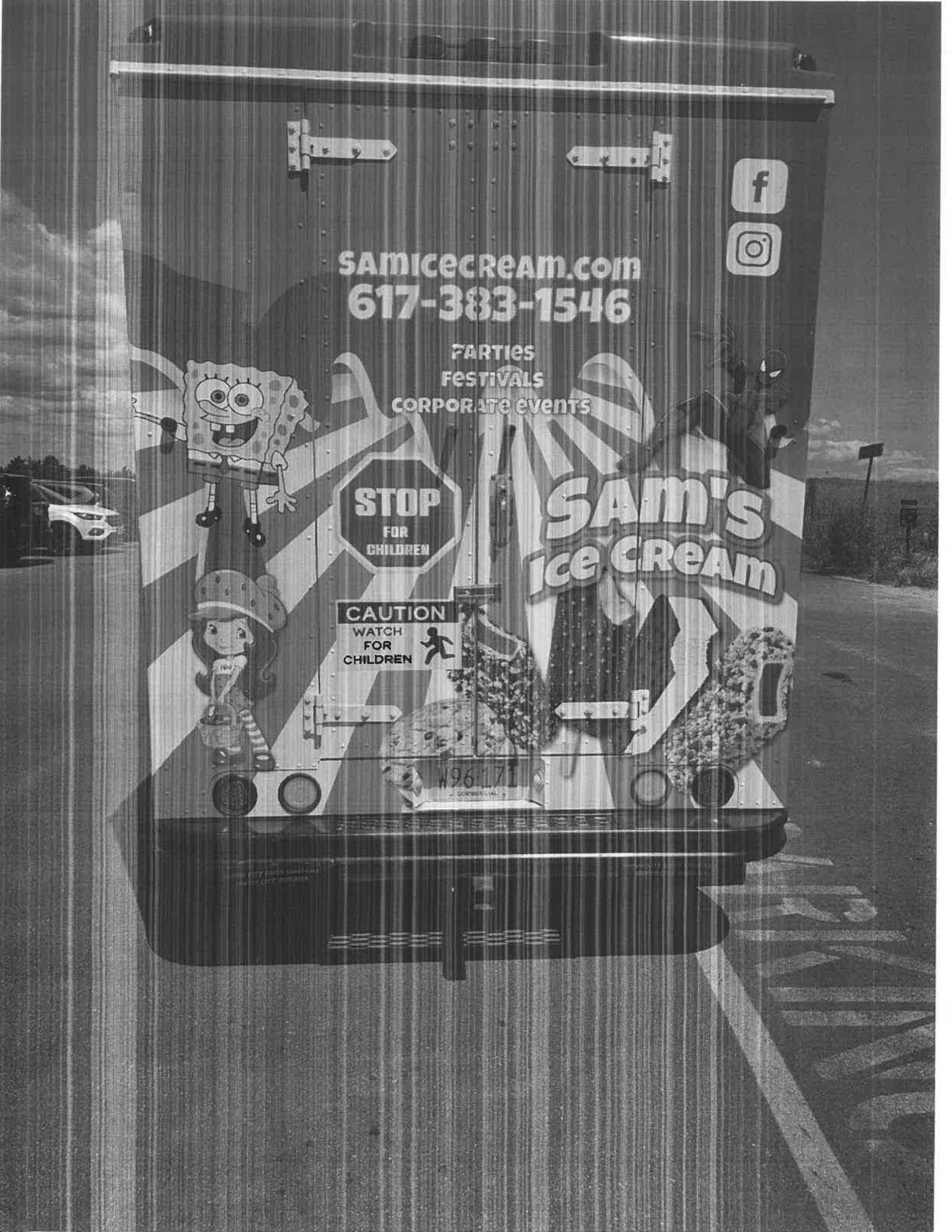
FARTIES
FESTIVALS
CORPORATE EVENTS



SAM'S
ICE CREAM



96-171
COMMERCIAL



SAM'S ICE CREAM



PARTIES
FESTIVALS
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WATER
SODA
GATORADE

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PARTIES
FESTIVALS
CORPORATE EVENTS

STOP
ON
RED

CAUTION
ICE
CREAM

WATER
SODA
GATORADE

SAMICECREAM
617-383-1516

PARTIES
FESTIVALS
CORPORATE EVENTS

STOP
ON
RED

CAUTION
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WATER
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