

1. 9:30 A.M. CALL TO ORDER

Present: Frank Palaia, Chair
Michael Cardiff
Mary E. Belanger
Paul Gencarella, Jr. Alternate
Asst. Solicitor John S. Payne
Donna L. Giordano, MMC, Clerk

Absent: Joseph M. Nigrelli, Jr.
T. Sol. Matthew Oliverio, Esq.

Also Present: Debra Gent, Licensing Assistant

SALUTE TO THE FLAG

Led by Mr. Palaia.

2. CONSENT CALENDAR

Approval of Minutes
Regular Meeting - April 14, 2016

Motion by Mr. Cardiff, Seconded by Mr. Gencarella, that the aforesaid minutes be accepted and approved as printed. (Voted Unanimously)

3. PUBLIC COMMENTS

Comments shall be limited to agenda items, excluding matters to be scheduled for public hearing.

None

4. PUBLIC HEARINGS (Liquor Licenses & Others)

Motion by Mr. Gencarella, Seconded by Mr. Cardiff, to open the Public Hearing. (Voted Unanimously)

Liquor Class C - Extended Hours (12:00 a.m. to 1:00 a.m.)

Vintage Cigar, LLC

dba: Vintage Cigar Lounge and Club

47 High St

Present: William A. Nardone, Esq., representing applicant

Attorney Nardone noted that, under Rhode Island General Law, a Class C establishment is allowed to serve alcoholic beverages on Saturdays and Sundays and nights before legal holidays until 1:00 a.m., and that the applicant is requesting to have the privilege to serve alcoholic beverages for the extra hour on those specified days. In response to Mr. Cardiff, Attorney Nardone stated that the relationship between the licensee and the neighbors has been going well.

No one appeared in favor or to object

Motion by Mr. Cardiff, Seconded by Ms. Belanger, that the aforesaid application be granted subject to the prior approval of proper authorities. (Voted Unanimously)

From: Class B-Limited

NRV Inc
dba: Dunn's Corner Pizza 271 Post Rd
To: Class B-Victualer
NRV Inc
dba: Dunn's Corner Pizza same location

Present: William A. Nardone, Esq., representing applicant.

Mr. Gencarella recused due to a possible conflict of interest being that he has a business relationship with the applicant.

Attorney Nardone explained the aforesaid application stating that the business is expanding at its current location and, therefore, the applicant wishes to upgrade to a full liquor license.

No one appeared in favor or to object.

Motion by Mr. Cardiff, Seconded by Ms. Belanger, that the aforesaid license be granted subject to the prior approval of proper authorities. (So Voted 3 - 0; Mr. Gencarella recused)

Second Hand Shop - New

Daniela Ness
dba: Deja Vu Consignment Room 91 Franklin St

Present: Daniela Ness, applicant

Ms. Ness explained the operation of her business and noted other businesses located in the vicinity of her business.

Motion by Mr. Gencarella, Seconded by Mr. Cardiff, that the aforesaid license be granted subject to the prior approval of proper authorities. (Voted Unanimously)

Motion by Mr. Cardiff, Seconded by Mr. Gencarella, that the public hearings be closed. (Voted Unanimously)

5. UNFINISHED BUSINESS

None

6. NEW BUSINESS

a. New Licenses and Permits

One Time Events

Summer Pops 2016

Chorus of Westerly

(June 18, 2016 - 4:00 p.m. to 10:00 p.m.)

Rain Dates: June 19 and June 20, 2016)

Request fee be waived

Wilcox Park

Present: Douglas Raynor, M.D., representing applicant.

Dr. Raynor explained the reason for the relocation of the fireworks display and noted that a diligent search was made for a new location in town. He stated that the fireworks display will be located in the park at the far side of the pond.

Motion by Mr. Cardiff, Seconded by Ms. Belanger, that the aforesaid license be granted subject to the prior approval of proper authorities and that the fee be waived. (Voted Unanimously)

Garden Market Fair

Wilcox Park

(May 22, 2016 - 9:00 a.m. to 3:00 p.m.)

44 Broad St

Motion by Mr. Gencarella, Seconded by Mr. Cardiff, that the aforesaid license be granted subject to the prior approval of proper authorities. (Voted Unanimously)

United Theatre Block Party

The United Theatre
(July 30, 2016 - 6:00 p.m. to 8:30 p.m.)

Canal St

Motion by Mr. Gencarella, Seconded by Mr. Cardiff, that the aforesaid license be continued to the June 9, 2016 regular meeting and that the applicant be requested to be present. (Voted Unanimously)

b. Renewals

Parking Lot
Larkin Road Parking (104)

9 Larkin Rd

Motion by Mr. Cardiff, Seconded by Mr. Nigrelli, that the aforesaid license be granted subject to the prior approval of proper authorities. (Voted Unanimously)

c. Ratify & Confirm

One Time Event
Centennial Opening Night
Olympia Tea Room
(April 29, 2016 - 6:00 p.m. to 8:00 p.m.)

74 Bay St

Motion by Mr. Cardiff, Seconded by Mr. Gencarella, that the action of the Town Clerk in granting the aforesaid license be ratified and confirmed. (Voted Unanimously)

d. Order Advertise for Public Hearing

None

7. COMMUNICATIONS

a. Correspondence

None

b. Town Solicitor Report

None

8. ADJOURNMENT

10:00 A.M. Voted Unanimously to adjourn.

ATTEST:

Donna L. Giordano, MMC
Licensing Board Clerk

Details of the aforesaid proceedings are video streamed and available on the Town of Westerly website.

Adv.: May 23 and May 30, 2016
Acct: 7100958
Chg.: 101-0101-50201

TOWN OF WESTERLY
NOTICE OF PUBLIC HEARING

Date: June 9, 2016 - 9:30 a.m.
Town Council Chambers, Town Hall

LICENSE APPLICATION

Second Hand Shop - New

Karen H. Mitchell

dba: Golden Threads Consignments

137 Main St Unit C

Per Order of the Licensing Board

ATTEST: Donna L. Giordano, MMC
Clerk to the Licensing Board
May 23, 2016

Individuals requesting interpreter services for the hearing impaired must call 348-2500 or 596-2022 (V/TTD) 72 hours in advance of the hearing date.



**TOWN OF WESTERLY
LICENSE APPLICATION
2015/2016**

TOWN CLERK'S OFFICE
45 BROAD STREET
WESTERLY, RI 02891

Business Name: **GOLDEN THREADS CONSIGNMENTS**
Owner(s): **KAREN H. MITCHELL
36 SANDY LANE
WESTERLY, RI 02891**

Business Loc: 137 MAIN ST UNIT C
WESTERLY, RI 02891
Phone: 540-661-6462
Fax:
Plat/Lot/Ext: 66 / 14
Sales Tax ID #: 0500

License Number: **2016389**
Fire District: **Westerly Fire Dept**

OWNER or CORPORATE INFORMATION:

Title	Name	Address	Phone	D.O.B.
Owner	Karen H. Mitchell	36 Sandy Lane Westerly RI 02891	540-661-6462	9/21/1967

TYPE OF LICENSE - EXPIRES DECEMBER 1ST	Lic Fee	Adv Fee	Tot Fee	Amt Paid
Second Hand Shop	100.00	250.00	350.00	0.00

PAID
5/19/16

TOTAL NOW DUE

\$350.00

This application must be returned with the appropriate fee to the Town Clerk's Office, 45 Broad Street, Westerly, RI 02891 NO LATER THAN **May 19, 2016**.

IT IS THE APPLICANT'S RESPONSIBILITY to contact each of the proper authorities listed on the attached "referral sheet" for inspections and approvals. UPON COMPLETION, please return the "referral sheet" to the Town Clerk's Office for issuance of the license or for placement on the next available licensing board agenda if applicable.

Business Open for 12 months - (schedule inspection prior to December 1st)

To the best of your knowledge, are there any DEM or CRMC violations against the property? yes no

I hereby certify that the above statements are true to the best of my knowledge and belief.

Karen Mitchell
Signature of Applicant

5.19.16
Date

Khm6721@yahoo.com
Email address

Please do not hesitate to contact this office at 401-348-2507 for any further information.

PLEASE MAKE A COPY OF THE COMPLETED APPLICATION FOR YOUR RECORDS



CERTIFICATE of OWNERSHIP

RECEIVED FOR RECORD
WESTERLY R.I.

Town of Westerly

45 Broad Street, Westerly, RI 02891

May 19, 2016 at 02:47P

BOOK 2016 PAGE 3570
DOC #: 00002053

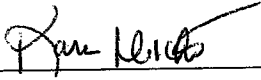
BUSINESS INFORMATION

BUSINESS NAME:	Golden Thread Consignments	LOCATION:	135 MAIN ST
BUSINESS PHONE:	540-661-6462	TYPE OF BUSINESS:	Consignment - women's clothing

BUSINESS OWNER INFORMATION

Sole Owner (if applicable)

Name: **Karen M. Mitchell**
 Address: **36 Sandy Lane
Westerly, RI 02891**
 Phone: **540-661-6462**



 SIGNATURE

Partnership (if applicable)

Partner Name:
 Home Address:
 Phone:

 SIGNATURE

Partner Name:
 Home Address:
 Phone:

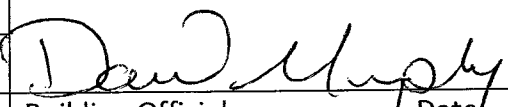
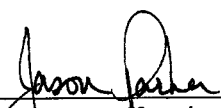
 SIGNATURE

Corporation or LLC (if applicable)

Corporate Name:
 Address:
 Corporate Officer:
 State Filing Date:

 SIGNATURE

BUILDING & ZONING OFFICIAL INFORMATION

Property Owner:	CHIPPEWA LLC 137 MAIN ST WESTERLY, RI 2891	 Building Official	Date 5/18/16
Plat/Lot:	'066-014'		
Current Zoning District:	DC-2 (Any permitted use)	 Zoning Official	Date 5/18/16
Fire District:	Westerly Fire District		

DONNA L. GIORDANO MMC TOWN CLERK
WESTERLY, RI RET: K. Mitchell

Town of Westerly
Rhode Island



DONNA L. GIORDANO, MMC
Town and Licensing Board Clerk

Town Hall
45 Broad Street
Westerly, RI 02891
TEL: (401) 348-2634
FAX: (401) 348-2571

May 13, 2016

Mr. Simon Holt
The United Theatre
PO Box 384
Westerly, RI 02891

RE: United Theatre Block Party, July 30, 2016

Dear Mr. Holt,

At a meeting held by the Licensing Board on May 12, 2016, the Board continued your request for the aforesaid event due to concerns expressed by the members. The Board is requesting that you, or a designee, attend the next meeting to be held on Thursday, June 9, 2016 at 9:30 a.m. in the Council Chambers to respond to questions raised by the Board.

Should you have any questions, please contact this office at 401-348-2507.

Very truly yours,

Donna L. Giordano, MMC
Clerk to the Licensing Board

DLG/dg

SPECIAL ONE-TIME EVENT LICENSE APPLICATION

Name of Event: (i.e. Summer Pops, Virtu Art Festival): UNITED THEATRE BLOCK PARTY

Date(s) and Hours of Event: JULY 30 6:00 - 8:30pm

Name of person or organization: THE UNITED THEATRE | SIMON HOLT

Address: S CANAL STREET WESTERLY 02891
Street Address Town Zip

Mailing Address: PO BOX 384 WESTERLY 02891
Street Address Town Zip

Telephone Number: (800) 705-3037

Partnership or Corporation - Name, Address, and Date of Birth of Partners, Officers, Directors or Members:
SIMON HOLT, 39 PRENTICE WILLIAMS ROAD, STONINGTON, CT 06378 01.12.1966
PERMIT

Please check one

- Carnival, Circus, Concert, Sporting Event, Ball, Etc. (RIGL 5-22-12)
 (Carnival or circus, the APPLICANT must notify property owners within 200 feet)
 *show promoter's license may be required
 - Bazaar, Festival, Crafts, Movies-on-the-Beach, Dance, Fireworks Display, Etc.
 *show promoter's license may be required
 - Parade, Walkathon, Road Race, Fundraiser, Etc. (Applicant MUST contact DPW at 401-348-2587)
- No Fee - Permit Only

PAID
5/4/16

\$10.00/Day
\$10.00/Day

Nature, Type, and Layout of activities that will occur:
BLOCK PARTY WITH A STAGE ERECTED ON CANAL STREET DIRECTLY BETWEEN BRAZEN NEN +
THE UNITED THEATRE. EIGHT TO TEN 20 MINUTE PERFORMANCES GIVEN BY RHODE ISLAND ARTS

Approximate number of spectators and participants: 500 over the 2 1/2 hours

Exact location of the event: JUNCTION OF HIGH CANAL TO RAILROAD CANAL

Exact size and dimensions of area to be used: N/A

Location and number of health and sanitation facilities: TRAILER INSTALLED BEHIND THE UNITED THEATRE

List any goods or services to be sold at retail: NONE - WE HOPE THAT RESTAURANTS WILL PROVIDE FINGER FOOD FOR PEOPLE TO ENJOY AS THEY LISTEN TO THE MUSIC

* A SHOW PROMOTER'S LICENSE is REQUIRED if there are other vendors selling products at the event who do not have a RI Sales Tax Permit and current license with the Town of Westerly. The promoter's license is obtained from the State of Rhode Island.

PROOF OF INSURANCE naming the Town of Westerly as additional insured is REQUIRED for those events being conducted on public roads or on town property, with the exception of those events sponsored in whole or in part by the Town of Westerly.

Simon Holt
 Signature of applicant

May 4, 2016
 Date

Donna L. Giordano, MMC, Town Clerk

Date Issued

FOR OFFICE USE ONLY			
POLICE	<u>5/4/16</u>	ZONING	<u>5/4/16</u>
FIRE	<u>5/4/16</u>	INSURANCE	<u>5/4/16</u>
		SHOW PROMOTERS	<u>[Signature]</u>
		TOWN MANAGER	<u>[Signature]</u>
		DATE	

* Please see over Bldg 5/4/16

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/02/2016

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 Starkweather & Shepley Insurance, Inc. PO Box 549 Providence, RI 02901-0549	CONTACT NAME: Wendy Hosley	
	PHONE (A/C, No, Ext): 401 596-2212	FAX (A/C, No): 401-431-9659
E-MAIL ADDRESS: whosley@starshep.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Mesa Underwriters Specialty Ins	36838	
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		


INSURED
 The Ocean Community United Theatre
 PO Box 384
 Westerly, RI 02891

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 INSR	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 <input checked="" type="checkbox"/> per written contract or agreement GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		MP00380020000543	04/19/2016	04/19/2017	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"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (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 Town of Westerly 45 Broad St Westerly, RI 02891	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 
--	--

Deb Gent

From: Chief Ed St. Clair [estclair@westerlypolice.org]
Sent: Wednesday, May 04, 2016 3:07 PM
To: Deb Gent
Subject: RE: United Theatre Block Party

Approved

Edward W. St.Clair
Chief of Police
Westerly Police Department
60 Airport Road
Westerly, RI 02891
401-596-2022
estclair@westerlypolice.org

From: Deb Gent [mailto:dgent@WESTERLY.ORG]
Sent: Wednesday, May 04, 2016 2:58 PM
To: Chief Ed St. Clair
Subject: United Theatre Block Party

Debby Gent
Licensing Clerk
401-348-2507
401-348-2571 (fax)

Deb Gent

From: Jason Parker
Sent: Wednesday, May 04, 2016 3:20 PM
To: Deb Gent
Subject: RE: United Theatre Block Party

OK

Jay Parker, CFM | Zoning Official | (401) 348-2551

From: Deb Gent
Sent: Wednesday, May 04, 2016 2:58 PM
To: Jason Parker
Subject: United Theatre Block Party

Debby Gent
Licensing Clerk
401-348-2507
401-348-2571 (fax)

Deb Gent

From: Cindy Gaccione [cindy@wfd.necoxmail.com]
Sent: Wednesday, May 11, 2016 8:35 AM
To: Deb Gent
Subject: RE: Anything on.....

United Theater Block Party is approved per Chief Mackay 5-11-16

Still waiting on the Pops

From: Deb Gent [mailto:dgent@WESTERLY.ORG]
Sent: Tuesday, May 10, 2016 10:46 AM
To: Cindy Gaccione
Subject: Anything on.....

The United Theater Block Party
The Summer Pops

Debby Gent
Licensing Clerk
401-348-2507
401-348-2571 (fax)

* ORGANIZATIONS THAT RECEIVED FUNDING FROM THE RI CULTURAL BOND INITIATIVE

CHORUS OF WESTERLY

AS220

2ND STORY THEATRE

NEWPORT OPERA HOUSE

RHODE ISLAND PHILHARMONIC ORCHESTRA

STADIUM THEATRE

TRINITY REPERTORY

WATERFIRE

ALL HAVE BEEN INVITED

TO PARTICIPATE .

SMALLER GROUPS WILL PERFORM IN AREA STORES, ARTS + CRAFT SHOW IN

THE UNITED THEATRE .

SPECIAL ONE-TIME EVENT LICENSE APPLICATION

Name of Event: (i.e. Summer Pops, Virtu Art Festival): Movies in the Park

Date(s) and Hours of Event: 6/11/14 @ 7:00 7/3/14 @ 7:00 7/11/14 @ 7:00
8/13/14 @ 7:00 8/27/14 @ 7:00 9/13/14 @ 7:00

Name of person or organization: Westerly Library & Wilcox Park / The United Theatre

Address: 44 Broad St. Westerly RI 02891
Street Address Town Zip

Mailing Address: _____
Street Address Town Zip

Telephone Number: 401-596-2877

Partnership or Corporation - Name, Address, and Date of Birth of Partners, Officers, Directors or Members:
Rachel Doyle, Admin Services Manager 44 Broad St. 5/6/78
Westerly RI 02891

- Please check one
- Carnival, Circus, Concert, Sporting Event, Ball, Etc. (RIGL 5-22-12) \$10.00/Day
(Carnival or circus, the APPLICANT must notify property owners within 200 feet)
*show promoter's license may be required
 - Bazaar, Festival, Crafts, Movies-on-the-Beach, Dance, Fireworks Display, Etc. \$10.00/Day
*show promoter's license may be required
 - Parade, Walkathon, Road Race, Fundraiser, Etc. (Applicant MUST contact DPW at 401-348-2587)
No Fee - Permit Only

Nature, Type, and Layout of activities that will occur:

Free Movies in Wilcox Park

Approximate number of spectators and participants: 100-200

Exact location of the event: Wilcox Park

Exact size and dimensions of area to be used: _____

Location and number of health and sanitation facilities: 1 by pond

List any goods or services to be sold at retail: concession stand as fundraiser for Library & Park.
* A SHOW PROMOTER'S LICENSE is REQUIRED if there are other vendors selling products at the event who do not have a RI Sales Tax Permit and current license with the Town of Westerly. The promoter's license is obtained from the State of Rhode Island.

PROOF OF INSURANCE naming the Town of Westerly as additional insured is REQUIRED for those events being conducted on public roads or on town property, with the exception of those events sponsored in whole or in part by the Town of Westerly.

Rachel Doyle _____ 5/26/14 _____
Signature of applicant Date

Donna L. Giordano, MMC, Town Clerk _____ Date Issued _____

FOR OFFICE USE ONLY			
POLICE	<u>5/26/14</u>	ZONING	<u>5/26</u>
FIRE	<u>5/26</u>	RIDOT	<u>/</u>
TOWN MANAGER		INSURANCE	<u>/</u>
		SHOW PROMOTERS	<u>/</u>
		AMT PD	<u>\$60 Pd</u>
		DATE	_____

Deb Gent

From: Chief Ed St. Clair [estclair@westerlypolice.org]
Sent: Thursday, May 26, 2016 12:43 PM
To: Deb Gent
Subject: RE: Movies in the Park

Approved

Edward W. St.Clair
Chief of Police
Westerly Police Department
60 Airport Road
Westerly, RI 02891
401-596-2022
estclair@westerlypolice.org

From: Deb Gent [mailto:dgent@WESTERLY.ORG]
Sent: Thursday, May 26, 2016 12:35 PM
To: Chief Ed St. Clair
Subject: Movies in the Park

Debby Gent
Licensing Clerk
401-348-2507
401-348-2571 (fax)

Deb Gent

From: Jason Parker
Sent: Thursday, May 26, 2016 1:08 PM
To: Deb Gent
Subject: RE: Movies in the Park

OK

Jay Parker, CFM | Zoning Official | (401) 348-2551

From: Deb Gent
Sent: Thursday, May 26, 2016 12:36 PM
To: Jason Parker
Subject: Movies in the Park

Debby Gent
Licensing Clerk
401-348-2507
401-348-2571 (fax)

Deb Gent

From: Cindy Gaccione [cindy@wfd.necoxmail.com]
Sent: Thursday, May 26, 2016 1:07 PM
To: Deb Gent
Subject: RE: Movies in the Park

Approved per Chief Mackay 5-26-16

From: Deb Gent [<mailto:dgent@WESTERLY.ORG>]
Sent: Thursday, May 26, 2016 12:35 PM
To: Cindy Gaccione
Subject: Movies in the Park

Debby Gent
Licensing Clerk
401-348-2507
401-348-2571 (fax)

SPECIAL ONE-TIME EVENT LICENSE APPLICATION

Name of Event: (i.e. Summer Pops, Virtu Art Festival): 10th Anniversary Bash

Date(s) and Hours of Event: Sunday June 26th 6:00pm - 12:00 am

Name of person or organization: 84 Tavern on Canal

Address: 15 Canal Street, Westerly RI 02891
Street Address Town Zip

Mailing Address: PO Box 326, Westerly, RI 02891
Street Address Town Zip

Telephone Number: 401 596 7811

Partnership or Corporation - Name, Address, and Date of Birth of Partners, Officers, Directors or Members:
High St. Restaurant Group, PO Box 326, Westerly
Christopher Champagne DOB 6/11/1978

Please check one

- Carnival, Circus, Concert, Sporting Event, Ball, Etc. (RIGL 5-22-12) \$100.00
(Carnival or circus, the **APPLICANT** must notify property owners within 200 feet)
*show promoter's license may be required
- Bazaar, Festival, Crafts, Movies-on-the-Beach, Dance, Fireworks Display, Etc. \$10.00/Day
*show promoter's license may be required
- Parade, Walkathon, Road Race, Fundraiser, Concerts (**Free Admission**), Etc. No Fee - Permit Only
(Applicant **MUST** contact DPW at 401-348-2587)

Nature, Type, and Layout of activities that will occur:

Dinner and Dance Party w/ DJ to be held in dining room and lounge area

Approximate number of spectators and participants: ± 75/80 not to exceed 100

Exact location of the event: 15 Canal St, Westerly

Exact size and dimensions of area to be used: Dining room 51x39 SIDE DINING ROOM 28x19

Location and number of health and sanitation facilities: Lobby - 3 Bathrooms

List any goods or services to be sold at retail: Dinner

* A **SHOW PROMOTER'S LICENSE** is **REQUIRED** if there are other vendors selling products at the event who do not have a RI Sales Tax Permit and current license with the Town of Westerly. The promoter's license is obtained from the State of Rhode Island.

PROOF OF INSURANCE naming the Town of Westerly as additional insured is **REQUIRED** for those events being conducted on public roads or on town property, with the exception of those events sponsored in whole or in part by the Town of Westerly.

[Signature] Signature of applicant 5/27/2016 Date

Donna L. Giordano, MMC, Town Clerk

Date Issued

FOR OFFICE USE ONLY			
POLICE <u>6/1/16</u>	ZONING <u>6/1/16</u>	INSURANCE <u>/</u>	AMT PD _____
FIRE <u>6/1/16</u>	RIDOT <u>/</u>	SHOW PROMOTERS <u>/</u>	DATE _____
TOWN MANAGER <u>[Signature]</u>		<u>6/2/16</u>	

Handwritten text, possibly a signature or name, located in the lower-left quadrant of the page.

Handwritten signature or initials in blue ink, located at the bottom center of the page.

Deb Gent

From: Cindy Gaccione [cindy@wfd.necoxmail.com]
Sent: Wednesday, June 01, 2016 11:52 AM
To: Deb Gent
Subject: RE: 10th Anniversary Bash

Approved per Chief Mackay 6-1-16

From: Deb Gent [<mailto:dgent@WESTERLY.ORG>]
Sent: Wednesday, June 01, 2016 11:43 AM
To: Cindy Gaccione
Subject: 10th Anniversary Bash

Debby Gent
Licensing Clerk
401-348-2507
401-348-2571 (fax)

Deb Gent

From: Jason Parker
Sent: Wednesday, June 01, 2016 12:07 PM
To: Deb Gent
Subject: RE: 10th Anniversary Bash

OK

Jay Parker, CFM | Zoning Official | (401) 348-2551

From: Deb Gent
Sent: Wednesday, June 01, 2016 11:43 AM
To: Jason Parker
Subject: 10th Anniversary Bash

Debby Gent
Licensing Clerk
401-348-2507
401-348-2571 (fax)

Deb Gent

From: estclair [estclair@westerlypolice.org]
Sent: Wednesday, June 01, 2016 12:29 PM
To: Deb Gent
Subject: RE: 10th Anniversary Bash

Approved

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: Deb Gent <dgent@WESTERLY.ORG>
Date: 6/1/16 11:42 AM (GMT-05:00)
To: "Chief Ed St. Clair" <estclair@westerlypolice.org>
Subject: 10th Anniversary Bash

Debby Gent

Licensing Clerk

401-348-2507

401-348-2571 (fax)

SPECIAL ONE-TIME EVENT LICENSE APPLICATION

Name of Event: (i.e. Summer Pops, Virtu Art Festival): Watch Hill Concerts on the Bay

Date(s) and Hours of Event: 6/28 6-8pm 7/12 6-8pm 7/26 6-8pm
8/9 6-8pm 8/23 6-8pm (Rain dates are two following concert date)

Name of person or organization: Watch Hill Business Organization

Address: _____

Mailing Address: PO Box 2263 Street Address Westerly Town 02891 Zip

Telephone Number: 401-348-8407 Street Address _____ Town _____ Zip _____

Partnership or Corporation - Name, Address, and Date of Birth of Partners, Officers, Directors or Members:
Journ Nichols 1-7-58 Katie Lombard 12-12-60
David Turano 1-10-49 Rob Richins 3-13-62

Please check one

- Carnival, Circus, Concert, Sporting Event, Ball, Etc. (RIGL 5-22-12) \$100.00
(Carnival or circus, the APPLICANT must notify property owners within 200 feet)
*show promoter's license may be required
- Bazaar, Festival, Crafts, Movies-on-the-Beach, Dance, Fireworks Display, Etc. \$10.00/Day
*show promoter's license may be required
- Parade, Walkathon, Road Race, Fundraiser, Concerts (Free Admission), Etc. No Fee - Permit Only
(Applicant MUST contact DPW at 401-348-2587)

Nature, Type, and Layout of activities that will occur:

Free concerts on the Village Green, Bay St. Watch Hill

Approximate number of spectators and participants: 150

Exact location of the event: Bay Street, Watch Hill

Exact size and dimensions of area to be used: _____

Location and number of health and sanitation facilities: Public Rest Rooms in Parking Lot

List any goods or services to be sold at retail: _____

* A SHOW PROMOTER'S LICENSE is REQUIRED if there are other vendors selling products at the event who do not have a RI Sales Tax Permit and current license with the Town of Westerly. The promoter's license is obtained from the State of Rhode Island.

PROOF OF INSURANCE naming the Town of Westerly as additional insured is REQUIRED for those events being conducted on public roads or on town property, with the exception of those events sponsored in whole or in part by the Town of Westerly.

[Signature]
Signature of applicant

5/12/2016
Date

Donna L. Giordano, MMC, Town Clerk

Date Issued

FOR OFFICE USE ONLY			
POLICE <u>5/12</u>	ZONING <u>5/12</u>	INSURANCE <u>5/12/16</u>	AMT PD <u>#50-5-12-16</u> ✓
FIRE <u>6/2/16</u>	RIDOT <u>/</u>	SHOW PROMOTERS <u>/</u>	DATE _____
TOWN MANAGER <u>[Signature]</u>			



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/11/2016

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 Lathrop Insurance Agency 85A Beach St. Westerly, RI 02891 David Anderson	CONTACT NAME: David Anderson
	PHONE (A/C, No., Ext): 401-596-2525 FAX (A/C, No): 401-596-9568 E-MAIL ADDRESS: danderson@lathropinsurance.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : Nautilus Insurance Company	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Watch Hill Business Organization
PO Box 2263
Westerly, RI 02891

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	X 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:			NN553983	06/25/2016	09/03/2016	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED 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? <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						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)
For concerts at Watch Hill Green

CERTIFICATE HOLDER

CANCELLATION

WEST001 Town of Westerly Westerly Town Hall 45 Broad St Westerly, RI 02891	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE David Anderson</p>
---	---

Deb Gent

From: Jason Parker
Sent: Thursday, May 12, 2016 2:32 PM
To: Deb Gent
Subject: RE: Watch Hill Concerts on the Green

OK

Jay Parker, CFM | Zoning Official | (401) 348-2551

From: Deb Gent
Sent: Thursday, May 12, 2016 2:31 PM
To: Jason Parker
Subject: Watch Hill Concerts on the Green

Debby Gent
Licensing Clerk
401-348-2507
401-348-2571 (fax)

Deb Gent

From: Chief Ed St. Clair [estclair@westerlypolice.org]
Sent: Thursday, May 12, 2016 2:52 PM
To: Deb Gent
Subject: RE: Watch Hill Concerts on the Green

Approved

Edward W. St.Clair
Chief of Police
Westerly Police Department
60 Airport Road
Westerly, RI 02891
401-596-2022
estclair@westerlypolice.org

From: Deb Gent [<mailto:dgent@WESTERLY.ORG>]
Sent: Thursday, May 12, 2016 2:30 PM
To: Chief Ed St. Clair
Subject: Watch Hill Concerts on the Green

Debby Gent
Licensing Clerk
401-348-2507
401-348-2571 (fax)

Deb Gent

From: Watch Hill Fire Department [firehouse@whfd.necoxmail.com]
Sent: Wednesday, June 01, 2016 4:54 PM
To: Deb Gent
Subject: RE: Concerts by the Bay

APPROVED

From: Deb Gent [mailto:dgent@WESTERLY.ORG]
Sent: Wednesday, June 01, 2016 9:36 AM
To: Watch Hill Fire Department
Subject: Concerts by the Bay

Debby Gent
Licensing Clerk
401-348-2507
401-348-2571 (fax)

SPECIAL ONE-TIME EVENT LICENSE APPLICATION

Name of Event: (i.e. Summer Pops, Virtu Art Festival): PUBLIC WORKOUT WITH TONY HORTON

Date(s) and Hours of Event: June 29 6pm - 7pm (Rain date June 30)

Name of person or organization: SIMON HOLT, THE UNITED THEATRE

Address: 43 S CANAL STREET WESTERLY 02891

Mailing Address: PO BOX 384 WESTERLY 02891

Telephone Number: (860) 705-3037

Partnership or Corporation - Name, Address, and Date of Birth of Partners, Officers, Directors or Members: SIMON HOLT 39 PRENTICE WILLIAMS ROAD, STONINGTON, CT 06378 01/12/66

Please check one

[X] Carnival, Circus, Concert, Sporting Event, Ball, Etc. (RIGL 5-22-12) \$10.00/Day

[] Bazaar, Festival, Crafts, Movies-on-the-Beach, Dance, Fireworks Display, Etc. \$10.00/Day

[] Parade, Walkathon, Road Race, Fundraiser, Etc. (Applicant MUST contact DPW at 401-348-2587) No Fee - Permit Only

Nature, Type, and Layout of activities that will occur: PUBLIC WORKOUT IN WILCOX PARK LED BY TONY HORTON. FREE TO THE PUBLIC. STAGE AREA WILL BE CREATED + SOUND PROVIDED

Approximate number of spectators and participants: 750

Exact location of the event: WILCOX PARK

Exact size and dimensions of area to be used:

Location and number of health and sanitation facilities: TO BE DECIDED

List any goods or services to be sold at retail: NONE

* A SHOW PROMOTER'S LICENSE is REQUIRED if there are other vendors selling products at the event who do not have a RI Sales Tax Permit and current license with the Town of Westerly. The promoter's license is obtained from the State of Rhode Island.

PROOF OF INSURANCE naming the Town of Westerly as additional insured is REQUIRED for those events being conducted on public roads or on town property, with the exception of those events sponsored in whole or in part by the Town of Westerly.

Signature of applicant: [Signature]

Date: 5/14/16

Donna L. Giordano, MMC, Town Clerk

Date Issued

FOR OFFICE USE ONLY table with fields: POLICE, ZONING, INSURANCE, AMT PD, FIRE, RIDOT, SHOW PROMOTERS, DATE, TOWN MANAGER

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 Starkweather & Shepley Insurance, Inc. PO Box 549 Providence, RI 02901-0549	CONTACT NAME: Wendy Hosley
	PHONE (A/C, No, Ext): 401 596-2212 FAX (A/C, No): 401-431-9659
	E-MAIL ADDRESS: whosley@starshep.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A : Mesa Underwriters Specialty Ins NAIC # 36838
INSURED The Ocean Community United Theatre PO Box 384 Westerly, RI 02891	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

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 INSR	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 <input checked="" type="checkbox"/> per written contract or agreement GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		MP00380020000543	04/19/2016	04/19/2017	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"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (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 Town of Westerly 45 Broad St Westerly, RI 02891	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 

Deb Gent

From: Jason Parker
Sent: Monday, May 16, 2016 12:06 PM
To: Deb Gent
Subject: RE: Public Workout with Tony Horton

ok

Jay Parker, CFM | Zoning Official | (401) 348-2551

From: Deb Gent
Sent: Monday, May 16, 2016 11:55 AM
To: Jason Parker
Subject: Public Workout with Tony Horton

Debby Gent
Licensing Clerk
401-348-2507
401-348-2571 (fax)

Deb Gent

From: Cindy Gaccione [cindy@wfd.necoxmail.com]
Sent: Monday, May 16, 2016 12:04 PM
To: Deb Gent
Subject: RE: Public Workout with Tony Horton

Approved per Chief Mackay 5-16-16

From: Deb Gent [mailto:dgent@WESTERLY.ORG]
Sent: Monday, May 16, 2016 11:54 AM
To: Cindy Gaccione
Subject: Public Workout with Tony Horton

Debby Gent
Licensing Clerk
401-348-2507
401-348-2571 (fax)

Deb Gent

From: Chief Ed St. Clair [estclair@westerlypolice.org]
Sent: Monday, May 16, 2016 1:34 PM
To: Deb Gent
Subject: RE: Public Workout with Tony Horton

Approved

Edward W. St.Clair
Chief of Police
Westerly Police Department
60 Airport Road
Westerly, RI 02891
401-596-2022
estclair@westerlypolice.org

From: Deb Gent [<mailto:dgent@WESTERLY.ORG>]
Sent: Monday, May 16, 2016 11:54 AM
To: Chief Ed St. Clair
Subject: Public Workout with Tony Horton

Debby Gent
Licensing Clerk
401-348-2507
401-348-2571 (fax)

SPECIAL ONE-TIME EVENT LICENSE APPLICATION

Name of Event: (i.e. Summer Pops, Virtu Art Festival): UNITED FOLK FEST
 Date(s) and Hours of Event: JUNE 30 6pm - 9pm (rain date July 2)

Name of person or organization: SIMON HOLT THE UNITED THEATRE
 Address: S CANAL STREET Street Address WESTERLY Town 02891 Zip
 Mailing Address: PO BOX 384 Street Address WESTERLY Town 02891 Zip
 Telephone Number: (860) 705-3037

Partnership or Corporation - Name, Address, and Date of Birth of Partners, Officers, Directors or Members:
SIMON HOLT 39 PRENTICE WILLIAMS ROAD, STONINGTON, CT 06378 1/12/61

Please check one

- Carnival, Circus, Concert, Sporting Event, Ball, Etc. (RIGL 5-22-12)
 (Carnival or circus, the APPLICANT must notify property owners within 200 feet)
 *show promoter's license may be required \$10.00/Day ^{pd} 5/14/16
- Bazaar, Festival, Crafts, Movies-on-the-Beach, Dance, Fireworks Display, Etc.
 *show promoter's license may be required \$10.00/Day
- Parade, Walkathon, Road Race, Fundraiser, Etc. (Applicant MUST contact DPW at 401-348-2587)

Nature, Type, and Layout of activities that will occur: No Fee - Permit Only

FOLK CONCERT WITH THREE MUSICAL ACTS AS FOLLOWS: JOE HOLT - 6pm - 6:30pm PROMOTIONAL VIDEO 6:30pm - 6:40pm, QUIET LIFE 6:45 - 7:50pm, BAREFOOT TRUTH 7:55pm - 9:00pm FREE TO PUBLIC

Approximate number of spectators and participants: 5,000
 Exact location of the event: WILCOX PARK

Exact size and dimensions of area to be used: _____

Location and number of health and sanitation facilities: TO BE DECIDED

List any goods or services to be sold at retail: NONE

* A SHOW PROMOTER'S LICENSE is REQUIRED if there are other vendors selling products at the event who do not have a RI Sales Tax Permit and current license with the Town of Westerly. The promoter's license is obtained from the State of Rhode Island.

PROOF OF INSURANCE naming the Town of Westerly as additional insured is REQUIRED for those events being conducted on public roads or on town property, with the exception of those events sponsored in whole or in part by the Town of Westerly.

Signature of applicant: [Signature] Date: 5/14/16

Donna L. Giordano, MMC, Town Clerk Date Issued _____

FOR OFFICE USE ONLY			
POLICE <u>5/14/16</u>	ZONING <u>5/14</u>	INSURANCE <u>5/14/16</u>	AMT PD _____
FIRE <u>5/14</u>	RIDOT _____	SHOW PROMOTERS <u>[initials]</u>	DATE _____
TOWN MANAGER <u>[Signature]</u>			

CERTIFICATE OF LIABILITY INSURANCE

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.

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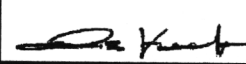
PRODUCER Starkweather & Shepley Insurance, Inc. PO Box 549 Providence, RI 02901-0549	CONTACT NAME: Wendy Hosley
	PHONE (A/C, No, Ext): 401 596-2212 FAX (A/C, No): 401-431-9659 E-MAIL ADDRESS: whosley@starshep.com
INSURED The Ocean Community United Theatre PO Box 384 Westerly, RI 02891	INSURER(S) AFFORDING COVERAGE INSURER A : Mesa Underwriters Specialty Ins NAIC # 36838
	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

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 INSR	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 <input checked="" type="checkbox"/> per written contract or agreement GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		MP00380020000543	04/19/2016	04/19/2017	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? <input type="checkbox"/> Y / N (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 Town of Westerly 45 Broad St Westerly, RI 02891	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 
--	--

Deb Gent

From: Jason Parker
Sent: Monday, May 16, 2016 12:06 PM
To: Deb Gent
Subject: RE: United Folk Fest

ok

Jay Parker, CFM | Zoning Official | (401) 348-2551

From: Deb Gent
Sent: Monday, May 16, 2016 11:55 AM
To: Jason Parker
Subject: United Folk Fest

Debby Gent
Licensing Clerk
401-348-2507
401-348-2571 (fax)

Deb Gent

From: Cindy Gaccione [cindy@wfd.necoxmail.com]
Sent: Monday, May 16, 2016 12:04 PM
To: Deb Gent
Subject: RE: United Folk Fest

Approved per Chief Mackay 5-16-16

From: Deb Gent [mailto:dgent@WESTERLY.ORG]
Sent: Monday, May 16, 2016 11:54 AM
To: Cindy Gaccione
Subject: United Folk Fest

Debby Gent
Licensing Clerk
401-348-2507
401-348-2571 (fax)

Deb Gent

From: Chief Ed St. Clair [estclair@westerlypolice.org]
Sent: Monday, May 16, 2016 1:35 PM
To: Deb Gent
Subject: RE: United Folk Fest

Approved. I may require a police detail.

Edward W. St.Clair
Chief of Police
Westerly Police Department
60 Airport Road
Westerly, RI 02891
401-596-2022
estclair@westerlypolice.org

From: Deb Gent [<mailto:dgent@WESTERLY.ORG>]
Sent: Monday, May 16, 2016 11:54 AM
To: Chief Ed St. Clair
Subject: United Folk Fest

Debby Gent
Licensing Clerk
401-348-2507
401-348-2571 (fax)

SPECIAL ONE-TIME EVENT LICENSE APPLICATION

Name of Event: (i.e. Summer Pops, Virtu Art Festival): Cook out and Fireworks

Date(s) and Hours of Event: 7/2/16 +/- 9:15 pm to 10pm
7/3/16 Raindate (Same times)

Name of person or organization: The Misquamicut Club

Address: 60 Ocean View Highway Westerly 02891
Street Address Town Zip

Mailing Address: _____
Street Address Town Zip

Telephone Number: 401-348-8577

Partnership or Corporation – Name, Address, and Date of Birth of Partners, Officers, Directors or Members:
Randolph Abood President
/ / /

Please check one

- Carnival, Circus, Concert, Sporting Event, Ball, Etc. (RIGL 5-22-12) \$100.00
(Carnival or circus, the APPLICANT must notify property owners within 200 feet)
*show promoter's license may be required
- Bazaar, Festival, Crafts, Movies-on-the-Beach, Dance, Fireworks Display, Etc. \$10.00/Day
*show promoter's license may be required
- Parade, Walkathon, Road Race, Fundraiser, Concerts (Free Admission), Etc. No Fee – Permit Only
(Applicant MUST contact DPW at 401-348-2587)

PAID
5/17/16

Nature, Type, and Layout of activities that will occur:
Dinner and Fireworks on lawn

Approximate number of spectators and participants: 1,200

Exact location of the event: 60 Ocean View Highway

Exact size and dimensions of area to be used: _____

Location and number of health and sanitation facilities: on Property ~ 6

List any goods or services to be sold at retail: —

* A **SHOW PROMOTER'S LICENSE** is **REQUIRED** if there are other vendors selling products at the event who do not have a RI Sales Tax Permit and current license with the Town of Westerly. The promoter's license is obtained from the State of Rhode Island.

PROOF OF INSURANCE naming the Town of Westerly as additional insured is **REQUIRED** for those events being conducted on public roads or on town property, with the exception of those events sponsored in whole or in part by the Town of Westerly.

AV Santarullo, Controller 5/17/16
Signature of applicant Date

Donna L. Giordano, MMC, Town Clerk **Date Issued**

FOR OFFICE USE ONLY			
POLICE <u>5/17/16</u>	ZONING <u>5/17</u>	INSURANCE <u>5/17</u>	AMT PD _____
FIRE <u>5/18/16</u>	RIDOT <u>/</u>	SHOW PROMOTERS <u>/</u>	DATE _____
TOWN MANAGER <u>[Signature]</u>			

Deb Gent

From: Jason Parker
Sent: Tuesday, May 17, 2016 3:11 PM
To: Deb Gent
Subject: RE: cookout & fireworks

OK

Jay Parker, CFM | Zoning Official | (401) 348-2551

From: Deb Gent
Sent: Tuesday, May 17, 2016 3:02 PM
To: Jason Parker
Subject: cookout & fireworks

Debby Gent
Licensing Clerk
401-348-2507
401-348-2571 (fax)

Deb Gent

From: Chief Ed St. Clair [estclair@westerlypolice.org]
Sent: Tuesday, May 17, 2016 3:21 PM
To: Deb Gent
Subject: RE: Cookout & Fireworks

Approved

Edward W. St.Clair
Chief of Police
Westerly Police Department
60 Airport Road
Westerly, RI 02891
401-596-2022
estclair@westerlypolice.org

From: Deb Gent [mailto:dgent@WESTERLY.ORG]
Sent: Tuesday, May 17, 2016 3:02 PM
To: Chief Ed St. Clair
Subject: Cookout & Fireworks

Debby Gent
Licensing Clerk
401-348-2507
401-348-2571 (fax)

Deb Gent

From: Watch Hill Fire Department [firehouse@whfd.necoxmail.com]
Sent: Tuesday, May 17, 2016 5:13 PM
To: Deb Gent
Subject: RE: Cookout & fireworks

APPROVED

From: Deb Gent [mailto:dgent@WESTERLY.ORG]
Sent: Tuesday, May 17, 2016 3:03 PM
To: Watch Hill Fire Department
Subject: Cookout & fireworks

Debby Gent
Licensing Clerk
401-348-2507
401-348-2571 (fax)

SPECIAL ONE-TIME EVENT LICENSE APPLICATION

Name of Event: (i.e. Summer Pops, Virtu Art Festival): INDEPENDENCE DAY FIREWORKS DISPLAY

Date(s) and Hours of Event: July 3rd, 2016 9:20 - 9:40 pm
RAIN DATE July 4th, 2016 9:20 - 9:40 pm

Name of person or organization: Ocean House Management, LLC

Address: ONE BLUFF AVE WESTERLY 02891
Street Address Town Zip

Mailing Address: ONE BLUFF AVE WESTERLY 02891
Street Address Town Zip

Telephone Number: 401-584-7066

Partnership or Corporation – Name, Address, and Date of Birth of Partners, Officers, Directors or Members:
Daniel Hostettler, President 50 Ice Pond Rd, Westerly RI 02891 1-14-65

Please check one

- Carnival, Circus, Concert, Sporting Event, Ball, Etc. (RIGL 5-22-12) \$10.00/Day
(Carnival or circus, the APPLICANT must notify property owners within 200 feet)
 *show promoter's license may be required
- Bazaar, Festival, Crafts, Movies-on-the-Beach, Dance, Fireworks Display, Etc. \$10.00/Day
*show promoter's license may be required
- Parade, Walkathon, Road Race, Fundraiser, Etc. (Applicant MUST contact DPW at 401-348-2587)
 No Fee – Permit Only

Nature, Type, and Layout of activities that will occur:
Beach side fireworks

Approximate number of spectators and participants: 300

Exact location of the event: PRIVATE BEACH FRONT

Exact size and dimensions of area to be used: 40' x 40'

Location and number of health and sanitation facilities: SIX FACILITIES LOCATED PROPERTY WIDE

List any goods or services to be sold at retail: N/A

* A **SHOW PROMOTER'S LICENSE** is **REQUIRED** if there are other vendors selling products at the event who do not have a RI Sales Tax Permit and current license with the Town of Westerly. The promoter's license is obtained from the State of Rhode Island.

PROOF OF INSURANCE naming the Town of Westerly as additional insured is **REQUIRED** for those events being conducted on public roads or on town property, with the exception of those events sponsored in whole or in part by the Town of Westerly.

Yamatache, Dan of Security 5-13-16
Signature of applicant Date

Donna L. Giordano, MMC, Town Clerk Date Issued

FOR OFFICE USE ONLY			
POLICE	<u>5/13/16</u>	ZONING	<u>5/13/16</u>
FIRE	<u>6/2/16</u>	RIDOT	<u>/</u>
TOWN MANAGER		INSURANCE	<u>5/19</u>
		SHOW PROMOTERS	<u>/</u>
		DATE	

Deb Gent

From: Jason Parker
Sent: Friday, May 13, 2016 10:21 AM
To: Deb Gent
Subject: RE: OC Fireworks

Ok

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: Deb Gent <dgent@WESTERLY.ORG>
Date: 5/13/16 10:19 AM (GMT-05:00)
To: Jason Parker <jparker@WESTERLY.ORG>
Subject: OC Fireworks

Debby Gent
Licensing Clerk
401-348-2507
401-348-2571 (fax)

Deb Gent

From: Chief Ed St. Clair [estclair@westerlypolice.org]
Sent: Friday, May 13, 2016 12:25 PM
To: Deb Gent
Subject: RE: Independence Day Fireworks at OC

Approved

Edward W. St.Clair
Chief of Police
Westerly Police Department
60 Airport Road
Westerly, RI 02891
401-596-2022
estclair@westerlypolice.org

From: Deb Gent [<mailto:dgent@WESTERLY.ORG>]
Sent: Friday, May 13, 2016 10:19 AM
To: Chief Ed St. Clair
Subject: Independence Day Fireworks at OC

Debby Gent
Licensing Clerk
401-348-2507
401-348-2571 (fax)

Deb Gent

From: Watch Hill Fire Department [firehouse@whfd.necoxmail.com]
Sent: Wednesday, June 01, 2016 4:53 PM
To: Deb Gent
Subject: RE: Fireworks at the Ocean House

APPROVED

From: Deb Gent [mailto:dgent@WESTERLY.ORG]
Sent: Wednesday, June 01, 2016 9:35 AM
To: Watch Hill Fire Department
Subject: Fireworks at the Ocean House

Debby Gent
Licensing Clerk
401-348-2507
401-348-2571 (fax)

SPECIAL ONE-TIME EVENT LICENSE APPLICATION

Name of Event: (i.e. Summer Pops, Virtu Art Festival): Fireworks

Date(s) and Hours of Event: July 4 (Rain July 5/6) 9pm

Name of person or organization: Misquamicut Business Assoc.

Address: PO Box ~~1302~~ 1302 Westey R2 02091
Street Address Town Zip

Mailing Address: _____
Street Address Town Zip

Telephone Number: 401-322-1026

Partnership or Corporation - Name, Address, and Date of Birth of Partners, Officers, Directors or Members:
Charles Trehan Misquamicut Hills Rd President
Tim Brennan Castle Way VP
Robert Barber Dayton St. Sec.

- Please check one
- Carnival, Circus, Concert, Sporting Event, Ball, Etc. (RIGL 5-22-12) \$100.00
(Carnival or circus, the APPLICANT must notify property owners within 200 feet)
*show promoter's license may be required
 - Bazaar, Festival, Crafts, Movies-on-the-Beach, Dance, Fireworks Display, Etc. PD 5/20/16 \$10.00/Day
*show promoter's license may be required
 - Parade, Walkathon, Road Race, Fundraiser, Concerts (Free Admission), Etc. No Fee - Permit Only
(Applicant MUST contact DPW at 401-348-2587)

Nature, Type, and Layout of activities that will occur:

Fireworks near Drive In screen toward Pond

Approximate number of spectators and participants: 2,000

Exact location of the event: 316 Atlantic Ave - Wusteraw Pondsides

Exact size and dimensions of area to be used: 1/2 Parking Lot

Location and number of health and sanitation facilities: N/A

List any goods or services to be sold at retail: N/A

* A SHOW PROMOTER'S LICENSE is REQUIRED if there are other vendors selling products at the event who do not have a RI Sales Tax Permit and current license with the Town of Westerly. The promoter's license is obtained from the State of Rhode Island.

PROOF OF INSURANCE naming the Town of Westerly as additional insured is REQUIRED for those events being conducted on public roads or on town property, with the exception of those events sponsored in whole or in part by the Town of Westerly.

[Signature] 5/17/16
Signature of applicant Date

Donna L. Giordano, MMC, Town Clerk Date Issued

FOR OFFICE USE ONLY			
POLICE	<u>5/20/16</u>	ZONING	<u>5/20/16</u>
FIRE	<u>2/12/16</u>	RIDOT	<u>/</u>
INSURANCE	<u>/</u>	SHOW PROMOTERS	<u>/</u>
AMT PD	<u>10.00</u>	DATE	<u>5/20/16</u>
TOWN MANAGER _____			

Deb Gent

From: Jason Parker
Sent: Friday, May 20, 2016 12:07 PM
To: Deb Gent
Subject: RE: fireworks

OK

Jay Parker, CFM | Zoning Official | (401) 348-2551

From: Deb Gent
Sent: Friday, May 20, 2016 10:00 AM
To: Jason Parker
Subject: fireworks

Debby Gent
Licensing Clerk
401-348-2507
401-348-2571 (fax)

Deb Gent

From: Chief Ed St. Clair [estclair@westerlypolice.org]
Sent: Friday, May 20, 2016 2:13 PM
To: Deb Gent
Subject: RE: Fireworks

Approved

Edward W. St.Clair
Chief of Police
Westerly Police Department
60 Airport Road
Westerly, RI 02891
401-596-2022
estclair@westerlypolice.org

From: Deb Gent [<mailto:dgent@WESTERLY.ORG>]
Sent: Friday, May 20, 2016 9:59 AM
To: Chief Ed St. Clair
Subject: Fireworks

Debby Gent
Licensing Clerk
401-348-2507
401-348-2571 (fax)

Deb Gent

From: Todd Findeisen [toddfindeisen@gmail.com]
Sent: Thursday, June 02, 2016 9:34 AM
To: Deb Gent
Subject: Re: MBA Fireworks

Good Morning Deb

MBA Fireworks Approved

Thanks Todd

On Thu, Jun 2, 2016 at 9:24 AM, Deb Gent <dgent@westerly.org> wrote:

Debby Gent

Licensing Clerk

401-348-2507

401-348-2571 (fax)

SPECIAL ONE-TIME EVENT LICENSE APPLICATION

Name of Event: (i.e. Summer Pops, Virtu Art Festival): FEAST OF OUR LADY OF MT. CARMEL

Date(s) and Hours of Event: 7-15-16 Candlelight Procession 8:00PM-79:00PM
7-17-16 Feast Procession 12:00PM-3:30PM 7-17-16 Band Concert

Name of person or organization: Our Lady of Mt Carmel Fireworks 7:00PM-9:30PM

Address: 7 Sunflower Dr Westerly, RI 02891

Mailing Address: same

Telephone Number: (401) 322-7313

Partnership or Corporation - Name, Address, and Date of Birth of Partners, Officers, Directors or Members:
Edward Scudilone 7 Sunflower Dr Westerly, RI (401) 322-7313

Please check one

- Carnival, Circus, Concert, Sporting Event, Ball, Etc. (RIGL 5-22-12) \$100.00
(Carnival or circus, the APPLICANT must notify property owners within 200 feet)
*show promoter's license may be required
- Bazaar, Festival, Crafts, Movies-on-the-Beach, Dance, Fireworks Display, Etc. \$10.00/Day
*show promoter's license may be required
- Parade, Walkathon, Road Race, Fundraiser, Concerts (Free Admission), Etc. No Fee - Permit Only
(Applicant MUST contact DPW at 401-348-2587)

Nature, Type, and Layout of activities that will occur:
Candlelight Procession after mass on Sunday Eve 7-15-16
Procession of Statue after 11:00 mass 7-17-16 Fireworks & Concert
Approximate number of spectators and participants: 600-800 Cumaloe Field

Exact location of the event: North End map attached

Exact size and dimensions of area to be used: Streets of the North End

Location and number of health and sanitation facilities: _____

List any goods or services to be sold at retail: _____

* A SHOW PROMOTER'S LICENSE is REQUIRED if there are other vendors selling products at the event who do not have a RI Sales Tax Permit and current license with the Town of Westerly. The promoter's license is obtained from the State of Rhode Island.

PROOF OF INSURANCE naming the Town of Westerly as additional insured is REQUIRED for those events being conducted on public roads or on town property, with the exception of those events sponsored in whole or in part by the Town of Westerly.

Edward A Scudilone 5-12-16
Signature of applicant Date

Donna L. Giordano, MMC, Town Clerk Date Issued

FOR OFFICE USE ONLY			
POLICE <u>5/16/16</u>	ZONING <u>5/21/16</u>	INSURANCE <u>5/16/16</u>	AMT PD _____
FIRE <u>5/12/16</u>	RIDOT <u>5/31/16</u>	SHOW PROMOTERS <u>/</u>	DATE _____
TOWN MANAGER <u>[Signature]</u>			

Deb Gent

From: Jason Parker
Sent: Thursday, May 12, 2016 11:49 AM
To: Deb Gent
Subject: RE: Feast of Our Lady of Mount Carmel

OK

Jay Parker, CFM | Zoning Official | (401) 348-2551

From: Deb Gent
Sent: Thursday, May 12, 2016 11:49 AM
To: Jason Parker
Subject: Feast of Our Lady of Mount Carmel

Debby Gent
Licensing Clerk
401-348-2507
401-348-2571 (fax)

Deb Gent

From: Cindy Gaccione [cindy@wfd.necoxmail.com]
Sent: Thursday, May 12, 2016 12:02 PM
To: Deb Gent
Subject: RE: Feast of Our Lady of Mount Carmel

Approved per Chief Mackay 5-12-16

From: Deb Gent [<mailto:dgent@WESTERLY.ORG>]
Sent: Thursday, May 12, 2016 11:49 AM
To: Cindy Gaccione
Subject: Feast of Our Lady of Mount Carmel

Debby Gent
Licensing Clerk
401-348-2507
401-348-2571 (fax)

Deb Gent

From: Chief Ed St. Clair [estclair@westerlypolice.org]
Sent: Thursday, May 12, 2016 12:10 PM
To: Deb Gent
Subject: RE: Feast of Our Lady of Mount Carmel

Approved

Edward W. St.Clair
Chief of Police
Westerly Police Department
60 Airport Road
Westerly, RI 02891
401-596-2022
estclair@westerlypolice.org

From: Deb Gent [<mailto:dgent@WESTERLY.ORG>]
Sent: Thursday, May 12, 2016 11:49 AM
To: Chief Ed St. Clair
Subject: Feast of Our Lady of Mount Carmel

Debby Gent
Licensing Clerk
401-348-2507
401-348-2571 (fax)

Certificate of Coverage

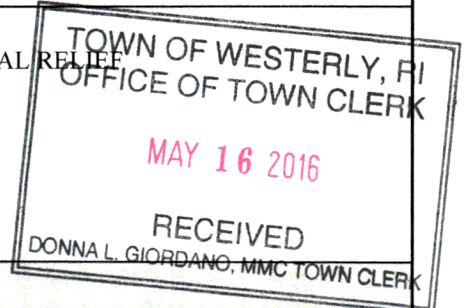
Date: 5/13/2016

Certificate Holder
 Diocesan Service Corporation
 One Cathedral Square
 Providence, RI 02903

Covered Location
 Immaculate Conception Church
 111 High Street
 Westerly, RI 02891-0556

This Certificate is issued as a matter of information only and confers no rights upon the holder of this certificate. This certificate does not amend, extend or alter the coverage afforded below.

Company Affording Coverage
 THE CATHOLIC MUTUAL RELIEF SOCIETY OF AMERICA
 10843 OLD MILL RD
 OMAHA, NE 68154



Coverages

This is to certify that the coverages listed below have been issued to the certificate holder named above for the certificate 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 coverage afforded described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown may have been reduced by paid claims.

Type of Coverage	Certificate Number	Coverage Effective Date	Coverage Expiration Date	Limits
Property				Real & Personal Property
D. General Liability	8594	7/1/2016	7/1/2017	Each Occurrence
<input checked="" type="checkbox"/> Occurrence				500,000
<input type="checkbox"/> Claims Made				
				General Aggregate
				Products-Comp/OP Agg
				Personal & Adv Injury
Excess Liability	8594	7/1/2016	7/1/2017	Each Occurrence
				500,000
				Annual Aggregate
Other				Each Occurrence
				Claims Made
				Annual Aggregate
				Limit/Coverage

Description of Operations/Locations/Vehicles/Special Items (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language)

Coverage only extends for claims arising out of Immaculate Conception Church's Mt. Carmel Feast Procession on 7/15/2016 from 8:00PM - 9:00PM from Narragansett Ave., to Spruce St. and Newton Ave. and their procession on 7/17/2016 from 12:00PM - 3:30PM from Narragansett Ave., to Tower, Oak, High, Pierce, Turano, Pond, Pleasant and High.

Holder of Certificate **Cancellation**

Additional Protected Person(s)

Town of Westerly
 45 Broad Street
 Westerly, RI 02891

0102005018

Should any of the above described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative *Michael A. Fontana*

ENDORSEMENT

(TO BE ATTACHED TO CERTIFICATE)

Effective Date of Endorsement: 7/15/2016

Cancellation Date of Endorsement: 7/18/2016

Certificate Holder: Diocesan Service Corporation
One Cathedral Square
Providence, RI 02903

Location: Immaculate Conception Church
111 High Street
Westerly, RI 02891-0556

Certificate No. 8594 of The Catholic Mutual Relief Society of America is amended as follows:

SECTION II - ADDITIONAL PROTECTED PERSON(S)

It is understood and agreed that Section II - Liability (only with respect to Coverage D - General Liability), is amended to include as an Additional Protected Person(s) members of the organizations shown in the schedule, but only with respect to their liability for the **Protected Person(s)** activities or activities they perform on behalf of the **Protected Person(s)**.

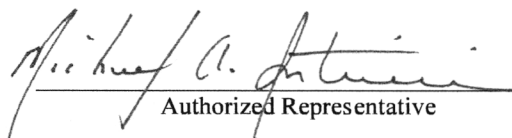
It is further understood and agreed that coverage extended under this endorsement is limited to and applies only with respect to liability assumed by contract or agreement; and this extension of coverage shall not enlarge the scope of coverage provided under this certificate or increase the limit of liability thereunder. Unless otherwise agreed by contract or agreement, coverage extended under this endorsement to the **Additional Protected Person(s)** will not precede the effective date of this certificate of coverage endorsement or extend beyond the cancellation date.

Schedule - ADDITIONAL PROTECTED PERSON(S)

Town of Westerly
45 Broad Street
Westerly, RI 02891

Remarks (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language):

Coverage only extends for claims arising out of Immaculate Conception Church's Mt. Carmel Feast Procession on 7/15/2016 from 8:00PM - 9:00PM from Narragansett Ave., to Spruce St. and Newton Ave. and their procession on 7/17/2016 from 12:00PM - 3:30PM from Narragansett Ave., to Tower, Oak, High, Pierce, Turano, Pond, Pleasant and High.


Authorized Representative



**RHODE ISLAND
DEPARTMENT OF TRANSPORTATION
PARADE/EVENT PERMIT**

Print Form

821

STATE OF RHODE ISLAND
DEPT. OF TRANSPORTATION

MAY 16 2016

TRAFFIC RECEIVED

The Rhode Island Department of Transportation has established this permit to streamline the approval process for parades, road races, cycling tours or other organized events on **State roads and bridges**. Please fill out this application completely and mail to: **State Traffic Engineer, Rhode Island Department of Transportation, Two Capitol Hill, Providence, RI 02903** or fax to: **401-222-3006**.

Please feel free to provide any supporting documentation you feel would be important in describing your event. Additionally, it is the permittee's responsibility to obtain approval from each city or town the event will take place in.

EVENT DETAILS:

FEAST OF OUR LADY OF MOUNT CARMEL 7-15-16 CANDELIGHT PROCESSION
 Name of Event (Parade /Road Race) Event Date(s) and Time Period(s) 7-17-16- PROCESSION AFTE
11:00 O'CLOCK
MASS

MAP ATTACHED
 Event Route (List all affected roads. Please attach event map if available showing route.)

WESTERLY, R.I
 Cities and Towns where the event will take place.

EVENT SPONSOR INFORMATION:

OUR LADY OF MOUNT CARMEL FEAST COMMITTEE
 Name of Sponsor (Permittee)

7 WILDFLOWER DR, WESTERLY, R.I 02891
 Street Address City/Town State

(401) 322-7313 HOME CASA LUIGI @ VERIZON.NE
 Contact Number E-Mail

(401) 741-3225 CELL
Edward Gradilone PRESIDENT
 Sponsor's Authorized Representative Title/Position

EDWARD GRADILONE
SAME AS ABOVE
 Street Address City/Town State

RHODE ISLAND DEPARTMENT OF TRANSPORTATION PARADE/EVENT PERMIT

I, EDWARD A. GRADILONE, on behalf of OUR LADY OF MT CARMEL FEAST COMMITTEE agree to
(Sponsor's Representative) (Event Sponsor)
indemnify, defend and hold harmless the State of Rhode Island, its officers, representatives, agents, servants,
employees and successors from any liability, damages, claims and or losses arising from the Event activities of
OUR LADY OF MT CARMEL FEAST COMMITTEE its agents or employees, including all costs, expenses and attorney fees
(Event Sponsor) which in any manner result from or arise out of this agreement. OUR LADY OF MT CARMEL FEAST COMMITTEE shall
(Event Sponsor)

reimburse the State of Rhode Island for any and all damages to the real or personal property of the State of
Rhode Island caused by the acts of OUR LADY OF MT CARMEL FEAST COMMITTEE, its agents, or employees. The State of
(Event Sponsor) Rhode Island shall give reasonable notice of any such claim. The duties under this provision shall remain fully in
effect and binding, even where OUR LADY OF MT CARMEL FEAST COMMITTEE is alleged of, or is found to merely
(Event Sponsor) contribute in part to the acts giving rise to the claims and/or where the State of Rhode Island is alleged or is
found to have contributed to the acts giving rise to the claims.

OUR LADY OF MT CARMEL FEAST COMMITTEE further agrees to furnish, install and remove necessary traffic control
(Event Sponsor) signs in accordance with state and federal specifications, and to coordinate with local traffic police officers to
direct motorists in accordance with any proposed detours.

OUR LADY OF MT CARMEL FEAST COMMITTEE further covenants and agrees that:
(Event Sponsor)

- 1) No person shall, on the grounds of race, color, sex, national origin, age or disability, be excluded from participation in, denied the benefits, of or be otherwise subjected to discrimination in the course of the Event; and
- 2) OUR LADY OF MT CARMEL FEAST COMMITTEE shall use the state highways of the Event route in compliance with all other requirements imposed by or pursuant to 49 C.F.R. Part 21, Non-discrimination in Federally-Assisted Programs of the Department of Transportation - Effectuation of Title VI of the Civil Rights Act of 1964, as amended.

In the event of breach of this non-discrimination covenant, the State of Rhode Island shall have the right to terminate the permit.

Edward A. Gradilone 5-9-16
Authorized Representative's Signature EDWARD A. GRADILONE Date

MUNICIPAL APPROVALS:

Pursuant to Section 31-12-12(a) of the Rhode Island General Laws of 1956, as amended, local authorities are empowered to regulate processions and/or assemblages on streets and highways within their jurisdictional limits, as well as to enforce applicable traffic regulations within the reasonable exercise of police power.

Municipality: WESTERLY Municipal Official (Title): DONNA L. GIORDANO, MMC, TOWN CLERK
Signature: Donna L. Giordano Date: MAY 12 2016

RHODE ISLAND DEPARTMENT OF TRANSPORTATION PARADE/EVENT PERMIT

MUNICIPAL APPROVALS:

Municipality: _____ Municipal Official (Title): _____

Signature: _____ Date: _____

Municipality: _____ Municipal Official (Title): _____

Signature: _____ Date: _____

Municipality: _____ Municipal Official (Title): _____

Signature: _____ Date: _____

Municipality: _____ Municipal Official (Title): _____

Signature: _____ Date: _____

Municipality: _____ Municipal Official (Title): _____

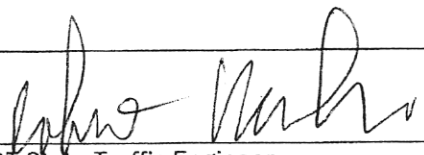
Signature: _____ Date: _____

Attach additional copies of the Municipal Approvals section as needed.

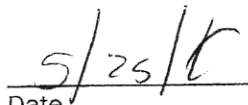
Do not fill out this section - for official use only

RIDOT APPROVAL/DENIAL TO USE STATE HIGHWAY(S):

The State of Rhode Island approves/denies the application. Reason for denial (if applicable):



RIDOT State Traffic Engineer



Date

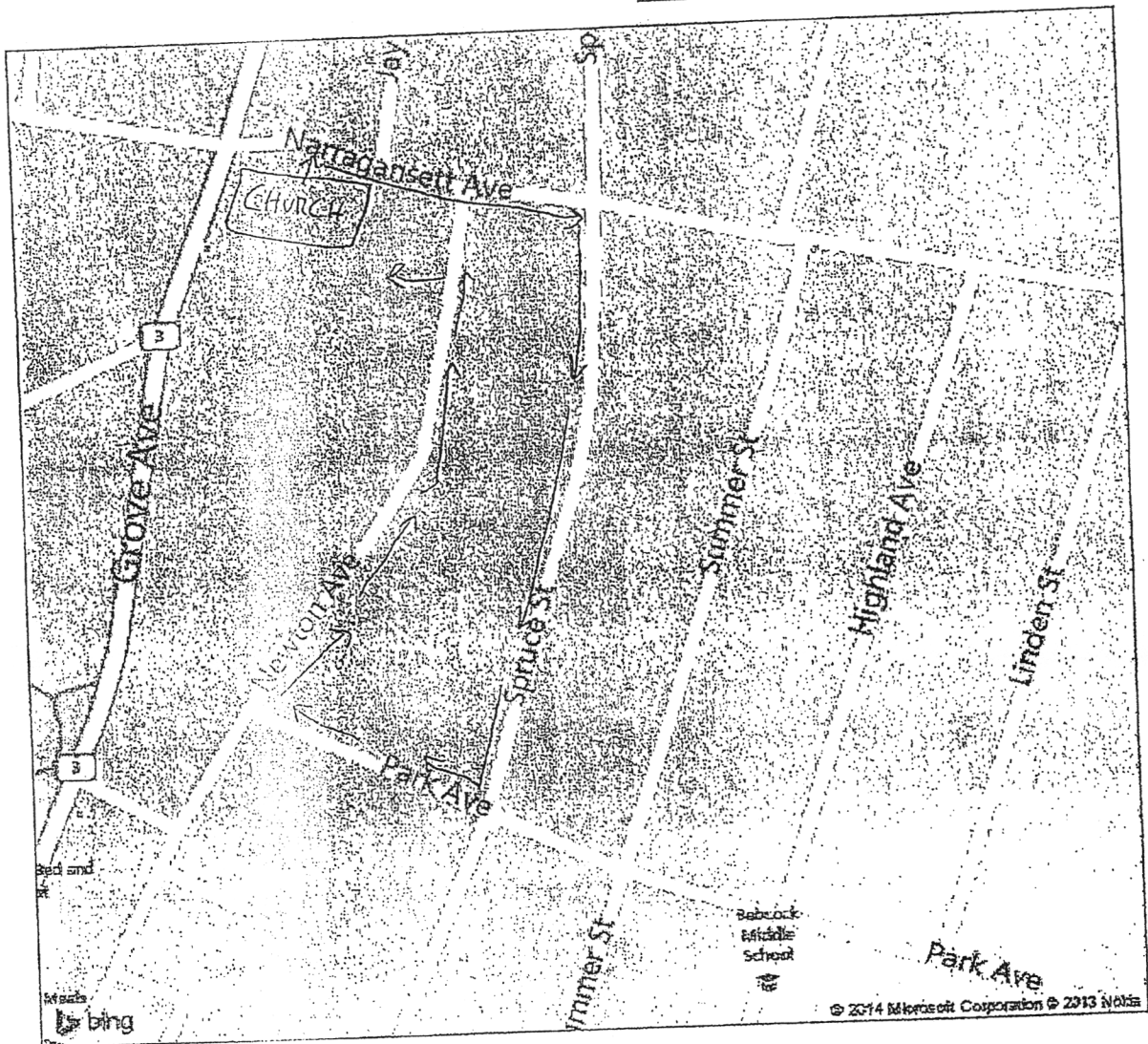
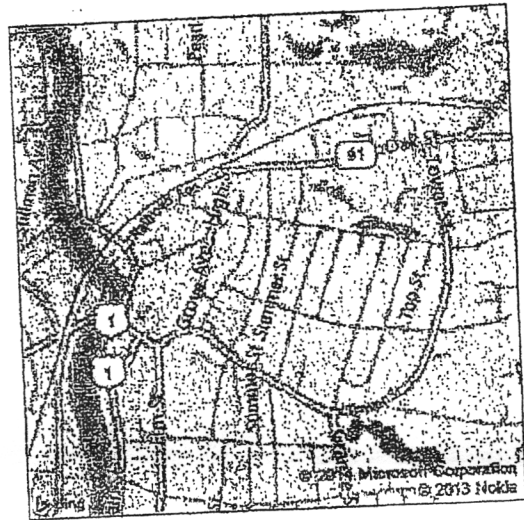
Please contact RIDOT at 401-222-2694 with any questions. Your application may be denied or you may be asked to change the Event route if the State highways on the Event route are scheduled to be under construction on the Event date(s).

bing Maps

My Notes

*nan ave
Church (north),
Spruce St, Park Ave,
Newton Ave, Church*

On the go? Use m.bing.com to find maps, directions, businesses, and more



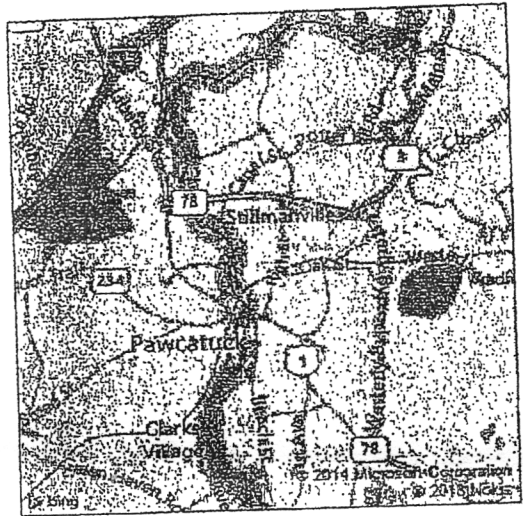
FEST PROCESSION

~~7-17-16~~
7-17-16

bing Maps

My Notes NARRACONSETT TO TOWER
 TO OAK, TO HIGH ST, TO PIERCE ST,
 TO TURANO AVE, TO POND ST.
 TO PLEASANT ST, TO HIGH ST, BACK TO
 WEST ST, ~~TURANO~~

On the go? Use m.bing.com to find maps, CHURCH
 directions, businesses, and more



SPECIAL ONE-TIME EVENT LICENSE APPLICATION

Name of Event: (i.e. Summer Pops, Virtu Art Festival): ART FESTIVAL

Date(s) and Hours of Event: August 20+21 11AM - 5PM

Name of person or organization: LANGWORTHY FARM

Address: 308 Shore Rd Westerly 02891

Mailing Address: Same

Telephone Number: 401-322-7791

Partnership or Corporation - Name, Address, and Date of Birth of Partners, Officers, Directors or Members: Joseph M SHARRY

Please check one

- Carnival, Circus, Concert, Sporting Event, Ball, Etc. (RIGL 5-22-12) \$100.00
Bazaar, Festival, Crafts, Movies-on-the-Beach, Dance, Fireworks Display, Etc. \$10.00/Day
Parade, Walkathon, Road Race, Fundraiser, Concerts (Free Admission), Etc. No Fee - Permit Only

Nature, Type, and Layout of activities that will occur: ART SHOW - LOCAL ARTISTS

Approximate number of spectators and participants: 100 per Day

Exact location of the event: LANGWORTHY LAWN

Exact size and dimensions of area to be used: 100' X 200'

Location and number of health and sanitation facilities: Winery & B+B (2)

List any goods or services to be sold at retail: ART

* A SHOW PROMOTER'S LICENSE is REQUIRED if there are other vendors selling products at the event who do not have a RI Sales Tax Permit and current license with the Town of Westerly.

PROOF OF INSURANCE naming the Town of Westerly as additional insured is REQUIRED for those events being conducted on public roads or on town property with the exception of those events sponsored in whole or in part by the Town of Westerly.

Signature of applicant: Joseph M Sharry

Date: 5/5/16

Donna L. Giordano, MMC, Town Clerk

Date Issued

FOR OFFICE USE ONLY
POLICE 5-12-16 ZONING 5/12/16 INSURANCE / AMT PD
FIRE 5/12/16 RIDOT / SHOW PROMOTERS DATE
TOWN MANAGER



TOWN OF WESTERLY
LICENSE RENEWAL APPLICATION
2015/2016

TOWN CLERK'S OFFICE
 45 BROAD STREET
 WESTERLY, RI 02891

Business Name: **MISQUAMICUT JET SKI RENTALS**
 Owner(s): **THOMAS JASULAVIC**
14 WINNAPAUG RD
WESTERLY, RI 02891

Business Loc: 15 WINNAPAUG RD
 WESTERLY, RI 02891
 Phone: 596-9518
 Fax:
 Plat/Lot/Ext: 165 / 274
 Sales Tax ID #: 331094565

License Number: **2015382**
 Fire District: **Misquamicut Fire Dept**

PAID
 5-10-16

OWNER or CORPORATE INFORMATION:

Title	Name	Address	Phone	D.O.B.
Owner	Thomas Jasulavic	17 Winnapaug Rd Westerly RI 02891	401-207-8699 (cell)	12/21/1970

TYPE OF LICENSE - EXPIRES DECEMBER 1ST	Lic Fee	Adv Fee	Tot Fee	Amt Paid
Amusements, (qty 4)	200.00		200.00	0.00
TOTAL NOW DUE			\$200.00	

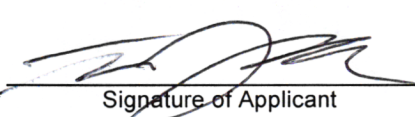
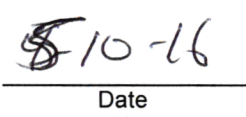
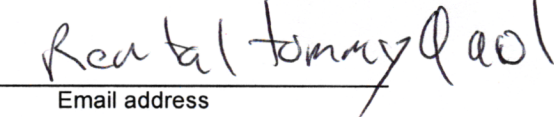
This application must be returned with the appropriate fee to the Town Clerk's Office, 45 Broad Street, Westerly, RI 02891 NO LATER THAN **May 10, 2016**.

IT IS THE APPLICANT'S RESPONSIBILITY to contact each of the proper authorities listed on the attached "referral sheet" for inspections and approvals. UPON COMPLETION, please return the "referral sheet" to the Town Clerk's Office for issuance of the license or for placement on the next available licensing board agenda if applicable.

Business Closed for one month or longer - (schedule inspections within 60 days of re-opening)

To the best of your knowledge, are there any DEM or CRMC violations against the property? yes no

I hereby certify that the above statements are true to the best of my knowledge and belief and that I will comply with all requirements of Chapter 217-15.1 'Commercial Recycling' Ordinance.

Please do not hesitate to contact this office at 401-348-2507 for any further information.

PLEASE MAKE A COPY OF THE COMPLETED APPLICATION FOR YOUR RECORDS

SPECIAL ONE-TIME EVENT LICENSE APPLICATION

Name of Event: (i.e. Summer Pops, Virtu Art Festival): 60th Annual Virtu Art Festival

Date(s) and Hours of Event: 5/28/16 5/29/16 10am - 5pm

Name of person or organization: Ocean Community Chamber of Commerce

Address: 1 Chamber Way Westerly, RI 02891
Street Address Town Zip

Mailing Address: 1 Chamber Way Westerly, RI 02891
Street Address Town Zip

Telephone Number: 401-596-7761

Partnership or Corporation - Name, Address, and Date of Birth of Partners, Officers, Directors or Members:
Usa Konicki 15 Renee Drive Pawcatuck, CT 8/25/67

Please check one

- Carnival, Circus, Concert, Sporting Event, Ball, Etc. (RIGL 5-22-12) \$10.00/Day
(Carnival or circus, the APPLICANT must notify property owners within 200 feet)
 *show promoter's license may be required
- Bazaar, Festival, Crafts, Movies-on-the-Beach, Dance, Fireworks Display, Etc. RD 5/17/16 \$10.00/Day x 2 = \$20.00
*show promoter's license may be required
- Parade, Walkathon, Road Race, Fundraiser, Etc. *(Applicant MUST contact DPW at 401-348-2587)*
No Fee - Permit Only

Nature, Type, and Layout of activities that will occur:

Arts + Crafts Show

Approximate number of spectators and participants: 20,000

Exact location of the event: Wilcox Park, 45 Broad Street, Westerly, RI

Exact size and dimensions of area to be used: 14 acres

Location and number of health and sanitation facilities: 6 toilets, 2 handwashing station next to Post Office

List any goods or services to be sold at retail: art, food

* A **SHOW PROMOTER'S LICENSE** is **REQUIRED** if there are other vendors selling products at the event who do not have a RI Sales Tax Permit and current license with the Town of Westerly. The promoter's license is obtained from the State of Rhode Island.

PROOF OF INSURANCE naming the Town of Westerly as additional insured is **REQUIRED** for those events being conducted on public roads or on town property, with the exception of those events sponsored in whole or in part by the Town of Westerly.

[Signature] 5/17/16
Signature of applicant Date

Donna L. Giordano, MMC, Town Clerk 5/17/16
Date Issued

FOR OFFICE USE ONLY						
POLICE	<u>5/17/16</u>	ZONING	<u>5/17</u>	INSURANCE	<input checked="" type="checkbox"/>	AMT PD <u>20.00</u>
FIRE	<u>5/17/16</u>	RIDOT	<input checked="" type="checkbox"/>	SHOW PROMOTERS	<u>5/17/16</u>	DATE
TOWN MANAGER			<u>[Signature]</u>			



State of Rhode Island and Providence Plantations
DEPARTMENT OF REVENUE
DIVISION OF TAXATION

No. P 3129

The Permit Number above must be shown in all reports and correspondence relative to the permit.

Permit to Operate a Show
UNDER THE SALES AND USE TAX ACT
- No fee required -

This is to certify that:

OCEAN COMMUNITY CHAMBER OF COMMERCE

is duly registered as a Promoter as provided by Chapter 44-19 of the General Laws of 1956, as amended, to operate a show at:

VIRTU ART SHOW

44 BROAD STREET, WESTERLY, RI 02891

SHOW DATE: MAY 28 & 29, 2016

**THIS PERMIT MUST AT ALL TIMES BE
PROMINENTLY DISPLAYED AT THE
MAIN ENTRANCE TO THE SHOW**

TAX ADMINISTRATOR

Issued: 03/04/2016

Deb Gent

From: Cindy Gaccione [cindy@wfd.necoxmail.com]
Sent: Tuesday, May 17, 2016 1:14 PM
To: Deb Gent
Subject: RE: Virtu Art Festival

Approved per Chief Mackay 5-17-16

From: Deb Gent [mailto:dgent@WESTERLY.ORG]
Sent: Tuesday, May 17, 2016 1:02 PM
To: Cindy Gaccione
Subject: Virtu Art Festival

Debby Gent
Licensing Clerk
401-348-2507
401-348-2571 (fax)

Deb Gent

From: Chief Ed St. Clair [estclair@westerlypolice.org]
Sent: Tuesday, May 17, 2016 2:29 PM
To: Deb Gent
Subject: RE: Virtu Art Festival

Approved

Edward W. St.Clair
Chief of Police
Westerly Police Department
60 Airport Road
Westerly, RI 02891
401-596-2022
estclair@westerlypolice.org

From: Deb Gent [<mailto:dgent@WESTERLY.ORG>]
Sent: Tuesday, May 17, 2016 1:02 PM
To: Chief Ed St. Clair
Subject: Virtu Art Festival

Debby Gent
Licensing Clerk
401-348-2507
401-348-2571 (fax)

Deb Gent

From: Jason Parker
Sent: Tuesday, May 17, 2016 3:11 PM
To: Deb Gent
Subject: RE: Virtu Art Festival

OK

Jay Parker, CFM | Zoning Official | (401) 348-2551

From: Deb Gent
Sent: Tuesday, May 17, 2016 1:02 PM
To: Jason Parker
Subject: Virtu Art Festival

Debby Gent
Licensing Clerk
401-348-2507
401-348-2571 (fax)