

**CITY OF LACONIA - LICENSING BOARD
January 7, 2026 at 12:00 PM
CITY HALL - ARMAND A. BOLDUC CITY COUNCIL CHAMBER**

- 1. Call to Order**
- 2. Roll Call**
- 3. Recording Secretary**
- 4. Acceptance of minutes from previous meetings**

4.A. Draft minutes from November 5, 2025

Documents:

[11052025 DRAFT MINUTES.PDF](#)

5. Licensing Review

These items have been approved administratively.

5.A. ENT- Belknap Mill Society

November 1, 2025 - October 31, 2026

Documents:

[ENT- BELKNAP MILL SOCIETY.PDF](#)

5.B. ENT- VFW Post 1670

November 1, 2025 - March 31, 2026

Documents:

[ENT- VFW POST 1670.PDF](#)

6. New Business

Applications are available for review upon request.

6.A. Event- Lakes Region Sled Dog Club

February 13-15, 2026

Documents:

[EVENT- LAKES REGION SLED DOG CLUB.PDF](#)

6.B. Junk Dealer- Reed's Salvage Co

Documents:

[JUNK DEALER- REEDS SALVAGE CO.PDF](#)

6.C. Junk Yard- Reed's Auto Wrecking Co

Documents:

[JUNK YARD- REEDS AUTO WRECKING CO.PDF](#)

6.D. RAF- Funds 4 Paws

Drawing Date: March 21, 2026

Prize: Various Raffle Items

Documents:

[RAF- FUNDS4PAWS.PDF](#)

6.E. RAF- Funds4Paws

Drawing Date: March 21, 2026

Prize: 50/50

Documents:

[RAF- FUNDS4PAWS 5050.PDF](#)

6.F. RAF- Powerhouse Theatre Collaborative

Drawing Date: February 15, 2026

Prize: One night stay & breakfast for 2 at the Lake Estate on Winnisquam

Documents:

[RAF- POWERHOUSE THEATRE COLLABORATIVE.PDF](#)

7. Other Business

8. Unfinished Business

9. Adjournment

This meeting facility is ADA accessible. Any person with a disability who wishes to attend this public meeting and needs additional accommodations, please contact City Clerk Katie Gargano, Meeting ADA Coordinator, at City Hall by calling (603) 527-1265 at least 72 hours in advance so that the City can make any necessary arrangements.

Laconia Licensing Board

11/5/2025 - Minutes

1. Call to Order

Meeting was called to order at 12:02 PM by Chairman Rogato.

2. Roll Call

Chairman Rogato and Chief Tim Joubert

3. Recording Secretary

Hilary Young

4. Acceptance of minutes from previous meetings

4.A. Draft minutes from October 8, 2025

Minutes of the October 8, 2025 meeting were reviewed by the board and accepted as presented.

5. Licensing Review

6. New Business

6.A. OLS- High Octane Saloon

Chairman Rogato entertained a motion to approve the outdoor loudspeaker for High Octane Saloon. Motion was made by Chief Joubert and seconded by Chairman Rogato. Unanimously approved.

6.B. OLS- Veterans of Foreign Wars

Chairman Rogato entertained a motion to approve the outdoor loudspeaker for Veterans of Foreign Wars. Motion was made by Chief Joubert and seconded by Chairman Rogato. Unanimously approved.

6.C. RAF- Laconia Sachem Band Boosters

Chairman Rogato entertained a motion to approve the raffle on December 6th for Laconia Sachem Band Boosters. Motion was made by Chief Joubert and seconded by Chairman Rogato. Unanimously approved.

6.D. RAF- Laconia Sachem Band Boosters

Chairman Rogato entertained a motion to approve the raffle on December 15th for Laconia Sachem Band Boosters. Motion was made by Chief Joubert and seconded by Chairman Rogato. Unanimously approved.

7. Other Business

8. Unfinished Business

9. Adjournment

Chairman Rogato entertained a motion to adjourn at 12:04 PM. Motion was made by Chief Joubert and seconded by Chairman Rogato. Unanimously approved.

DRAFT



APPLICATION AND PERMIT FOR ENTERTAINMENT LICENSE

(PLEASE PRINT OR TYPE)

Business Name: Belknap Mill Society _____ NH Liquor License # _____

Address: 25 Beacon St East, Laconia, NH 03246 _____

Applicant's Name: Katherine Switala-Elmhurst _____ Telephone # 603-524-8813

Applicant's Address: 25 Beacon St East, Laconia, NH 03246 _____
Number _____ Street _____ City _____ State _____ Zip _____

E-mail Address: info@belknapmill.org _____

Type of Entertainment:

General entertainment only in the 1st floor gallery, 3rd floor, rear patio _____ (specify area)

Dancing & general entertainment in the 1st floor gallery, 3rd floor, rear patio _____ (specify area)

Please describe the intended entertainment as checked above (print legibly). Weddings, birthdays, dances, live music, private functions, entertainment, shows, fundraising, showers, celebrations of life

Date (s) requested for the entertainment: 11/1/2025-10/31/2026 _____

(FOR CITY USE ONLY)

Application Fee: 200- Received on (date): 11/20/25 By: CHY

Licensing Approval on: _____ License Start: _____ License Expires on: _____

Insurance Certificate Attached: _____ yes _____ no

Special Conditions of Approval: _____ Check here if approved per 161.20 of City Licensing Ordinance.

Review



APPLICATION AND PERMIT FOR ENTERTAINMENT LICENSE

(PLEASE PRINT OR TYPE)

Business Name: VFW Post 1670 NH Liquor License # 18139

Address: 143 Court St Laconia NH 03246

Applicant's Name: Richard Milligan Telephone #

Applicant's Address: _____
Number _____ Street _____ City _____ State _____ Zip _____

E-mail Address: laconia.vfw1670@gmail.com

Type of Entertainment:

General entertainment only in the _____
 Dancing & general entertainment in the Hall & Canteen (specify area)

Please describe the intended entertainment as checked above (print legibly).

Band, DJ, Birthday Parties, celebration of life,
Fund Raisers, Raise funds for veterans

Date (s) requested for the entertainment: current to 03/31/2027

(FOR CITY USE ONLY)

Application Fee: \$300 Received on (date): 11/21/25 By: HSF

Licensing Approval on: _____ License Start: _____ License Expires on: _____

Insurance Certificate Attached: _____ yes _____ no

Special Conditions of Approval: _____ Check here if approved per 161.20 of City Licensing Ordinance.

Please make checks payable to:
City of Laconia



APPLICATION FOR EVENT LICENSE

(PLEASE PRINT OR TYPE)

Business/ Organization Name: Lakes Region Sled Dog Club

Address: P.O. Box 3411, Laconia, NH 03247

Applicant's Name: Jennifer Hollows Telephone #

Applicant's Address: _____
Number _____ Street _____ City _____ State _____ Zip _____

Is this business/ organization Non Profit? ✓ Yes _____ No _____

If yes please provide us with your Non Profit ID # 02-6010787

Type of Event: 3 day sled dog race

Number of Vendors at the Event (Selling & Displaying): 2

Will there be any entertainment or use of a loud speaker? ✓ Yes _____ No _____

If Yes Please explain Announcing race information, timing and countdowns for mushers 2/13/26, 2/14/26, & 2/15/26 between 8:30 am and 3:30 pm,

2/13/26 - Specbee Bay State Forest Field
Date and location of event 2/15/26 : Corner Old N Main St + Parade Road (Rt. 106)

**Please submit this application with a permission letter from the property owner - Submitted to State
NH DRED for approvals.**

(FOR CITY USE ONLY)

Application Fee: _____ Received on (date): _____ By: _____

Licensing Approval on: _____ License Start: _____ License Expires on: _____

Insurance Certificate Attached: _____ yes _____ no _____

Special Conditions of Approval: _____ Check here if approved per 161.20 of City Licensing Ordinance.



CITY OF LACONIA
APPLICATION FOR JUNK DEALER LICENSE

(PLEASE PRINT OR TYPE)

Business Name: Reed's Salvage Co.

Business Address: 89 Frank Bean Rd, Laconia, NH 03246

Applicant's Name: William Reed Telephone # (403) 524-1622

Applicant's Address: 89 Frank Bean Rd Cronica VT 03046
Number Street City State Zip

Merchandise to be sold: Auto Parts and Scrap Metal

Are you the property owner? yes if no written permission must be attached

The days and hours you will be open for business:

Days 7 days a week Hours of Operation - From: 8am To: 5pm

Days _____ **Hours of Operation - From:** _____ **To:** _____

The information on the completed application form is true, correct and complete for the purpose of obtaining a Junk Yard License. I have been given a copy of and understand my responsibilities under City Code Chapter 161:17.


Michael J. Hall
Applicant Signature

12/3/25

(FOR CITY USE ONLY)

Application Fee: \$25.00 Received on (date): 12/3/25 By: KH

Planning/Zoning suggestions/Comments

Initials

Licensing Board Approval on: _____ License Valid on: _____

License Valid on:

Special Conditions of Approval: per 161.20 of City's Licensing Ordinance



CITY OF LACONIA
APPLICATION FOR JUNK YARD LICENSE

(PLEASE PRINT OR TYPE)

Are you the property owner? yes if no written permission must be attached

The days and hours you will be open for business:

Days 7 days a week Hours of Operation - From: 8am To: 5pm
Days _____ Hours of Operation - From: _____ To: _____

The information on the completed application form is true, correct and complete for the purpose of obtaining a Junk Yard License. I have been given a copy of and understand my responsibilities under City Code Chapter 161:18.

Yard License. I have been given a copy of and unde

Applicant Signature

12/3/25

(FOR CITY USE ONLY)

Application Fee: \$25.00 Received on (date): 12/3/25 By: KH

Planning/Zoning suggestions/Comments

Initials

Licensing Board Approval on: _____ License Valid on: _____

License Valid on:

Special Conditions of Approval: _____ per 161.20 of City's Licensing Ordinance _____



Copy of Raffle Ticket
must be attached to
this application.

**CITY OF LACONIA
APPLICATION FOR RAFFLE LICENSE**

(PLEASE PRINT OR TYPE)

Name of charitable organization conducting raffle: FUNDS 4 PAWS

Organization's Address: Po Box 5441 WEIRS 03247

Applicant's Name: SANDRA LAWTON Telephone #

Applicant's Address:

E-mail Address: slawton@weirs.com

Date of drawing: 3/21/26 Non-Profit ID# 84-2120789

Prize(s) to be awarded: VARIOUS RAFFLE ITEMS

Copy of evidence of tax exemption attached: 7 yes no

SWORN CERTIFICATE

As a duly authorized officer of the above named organization, I attest that this organization is exempt from Federal Income Taxation. I further certify that the proceeds of this raffle will be used for:

Raising funds for our indoor
Triathlon

****A copy of official printed ticket attached.****

SANDRA LAWTON
(name/printed)

Sandra Lawton
(name/signature)

Subscribed before me this 17th day of December, 2025.

Eva Ashton
Notary Public/Justice of the Peace



(FOR CITY USE ONLY)

Application Fee: \$10 Received on (date): 12/17/25 By: HSF

Licensing Board Approval on: _____ License Valid: _____

Insurance Certificate Attached: yes no

Special Conditions of Approval: _____



Copy of Raffle Ticket
must be attached to
this application.

CITY OF LACONIA
APPLICATION FOR RAFFLE LICENSE

(PLEASE PRINT OR TYPE)

Name of charitable organization conducting raffle: FUNDS 4 PAWS

Organization's Address: PO Box 5441 WEIRS 03244

Applicant's Name: SANDRA L. ASHTON Telephone #

Applicant's Address:

E-mail Address: Sjlawton@weirs.com

Date of drawing: 3/21/26 Non-Profit ID# 84-2120789

Prize(s) to be awarded: 50/50 CASH RAFFLE

Copy of evidence of tax exemption attached: X yes no

SWORN CERTIFICATE

As a duly authorized officer of the above named organization, I attest that this organization is exempt from Federal Income Taxation. I further certify that the proceeds of this raffle will be used for:

Raising funds for our Indoor Triathlon

****A copy of official printed ticket attached.****

SANDRA L. ASHTON
(name/printed)

Subscribed before me this 17th day of December, 2025.

Sandra L. Ashton
(name/signature)

Notary Public/Justice of the Peace



(FOR CITY USE ONLY)

Application Fee: \$10 Received on (date): 12/17/25 By: HSF

Licensing Board Approval on: _____ License Valid: _____

Insurance Certificate Attached: yes no

Special Conditions of Approval: _____



Copy of Raffle Ticket
must be attached to
this application.

CITY OF LACONIA
APPLICATION FOR RAFFLE LICENSE

(PLEASE PRINT OR TYPE)

Name of charitable organization conducting raffle:

Powerhouse Theatre Collaborative

Organization's Address:

401 Gilford Ave, Suite 3, Gilford, NH 03249

Applicant's Name: Courtney Palmer

Telephone #

Applicant's Address:

E-mail Address:

Feb. 15th, 2026

Non - Profit ID# 93-2782344

Date of drawing:

One night stay & breakfast for 2 at the Lake Estate in
Tilton

Prize(s) to be awarded:

Copy of evidence of tax exemption attached: yes no

SWORN CERTIFICATE

As a duly authorized officer of the above named organization, I attest that this organization is exempt from Federal Income Taxation. I further certify that the proceeds of this raffle will be used for: General

operations fees for Powerhouse Theatre

A copy of official printed ticket attached.

Courtney Palmer
(name/printed)


(name/signature)

Subscribed before me this

26 day of December, 2025

HILARY A. YOUNG
NOTARY PUBLIC
State of New Hampshire Notary Public/Justice of the Peace
My Commission Expires
August 7, 2029

(FOR CITY USE ONLY)

Application Fee: _____

Received on (date): _____

By: _____

Licensing Board Approval on: _____

License Valid: _____

Insurance Certificate Attached: yes no

Special Conditions of Approval: _____