

CITY OF LACONIA - LICENSING BOARD
April 4, 2018
12:00PM
CITY HALL - CONFERENCE ROOM 200A

1. Acceptance of minutes from previous meetings

1.A. Acceptance of Minutes from March 7, 2018

2. Licensing Review

These items have been approved administratively.

2.A. There are no Review Items

3. New Business

Applications are available for review upon request.

3.A. AKWA MARINA BEACH BAR Entertainment 05/01/2018-10/31/2018

Documents:

[AKWA MARINA ENTERTAINMENT.PDF](#)

3.B. AKWA MARINA BEACH BAR Outdoor Loud Speaker 05/01/2018-10/31/2018

Documents:

[AKWA MARINA OUTDOOR LOUD SPEAKER.PDF](#)

3.C. MOTORCYCLE WEEK VENDOR Concessions LTD, 54 Lakeside Ave. - Food & Beverage

Documents:

[MOTORCYCLE WEEK VENDOR APPLICATION - CONCESSIONS LTD.PDF](#)

3.D. MOTORCYCLE WEEK VENDOR VA Medical Center, 208 Lakeside Ave - Info for Vet Healthcare

Documents:

[MOTORCYCLE WEEK VENDOR APPLICATION - VA MEDICAL CENTER.PDF](#)

3.E. Mr. C's Taxi Driver License Renewals

3.E.i. David P Winsor

3.E.ii. George J Brisendine

3.E.iii. Robert A Goodwin

3.E.iv. **Susan P Brewster**

3.E.v. **William A Short**

4. **Other Business**

5. **Unfinished Business**

6. **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 Cheryl Hebert, 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.



APPLICATION AND PERMIT FOR ENTERTAINMENT LICENSE

(PLEASE PRINT OR TYPE)

Business Name: Akwa Marina Beach Bar II / Hart's Restaurant NH Liquor License # 1527703

Address: 95 Centenary Avenue; Laconia, NH 03246

Applicant's Name: Sim Willey Telephone # (603) 455-6098

Mailing Applicant's Address: PO Box 664; Meredith, NH 03253
Number Street City State Zip

Type of Entertainment:

- General entertainment only in the Beach Bar, Pool Area, Picnic Area, North Lawn South Lawn, Pavillions
(specify area)
- Dancing & general entertainment in the Pool Area, Pavillion, North Lawn and South Lawn
(specify area)

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

Live and Prerecorded Music, for members, guest, beach bar guests, tented events, events and weddings.

Date (s) requested for the entertainment: 5/1/2018 thru
10/31/2018

(FOR CITY USE ONLY)

Application Fee: \$100.00 Received on (date): 3/20/18 By: [Signature]

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.



APPLICATION FOR OUTDOOR LOUDSPEAKER

(PLEASE PRINT OR TYPE)

Business Name: Akwa Marina Beach Bar II / Hart's Restaurant, Inc.

Address: 95 Centenary Avenue, Laconia, NH 03246

Applicant's Name: Sim Willey Telephone #: (603) 455-6098

Mailing - Applicant's Address: PO Box 664, Meredith, NH 03253
Number Street City State Zip

Purpose of Loudspeaker:

- General entertainment
- Dancing & general entertainment
- Other

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

Live and prerecorded entertainment in the Beach Bar, Pool area, Pavillion, North Lawn South Lawn and Picnic Areas.

Date (s) and times and location requested for the outdoor loudspeaker (must comply with Chapter 161-B of License Code):

Starting May 1, 2018 to October 31, 2018

Times, earliest 8am, latest 9pm Sunday to Thursday, 10pm on Friday and Saturday

Times, earliest 8am, latest 9pm Sunday to Thursday, 10pm on Friday and Saturday

(FOR CITY USE ONLY)

Application Fee: \$ 100.00 Received on (date): 3/20/18 By: [Signature]

Licensing Board Approval on: _____ License Expires on: _____

Insurance Certificate Attached: Yes No

CHAPTER 161-4 B. OF THE LACONIA LICENSING CODE STATES:

Notwithstanding the provisions of this section, no licensed outdoor sound equipment and/or loud speakers shall be permitted to operate past the hour of 9:00 p.m. Sunday to Thursday, and 10:00p.m.on Friday and Saturday, with the exception of Motorcycle Week, when such equipment shall not be permitted to operate past the hour of 12:30 a.m. Sunday to Sunday. The provision shall not apply to the operation of any radio broadcasting station operating by virtue of a license from the Federal Communications Commission or loud speakers or sound equipment operated exclusively within any building or other permanent structure.

Special Conditions of Approval:



CITY OF LACONIA
APPLICATION FOR MOTORCYCLE WEEK VENDING LICENSE
FOOD/NON FOOD
CIRCLE ONE

PLEASE PRINT OR TYPE

ALL INFORMATION MUST BE COMPLETE FOR APPLICATION TO BE ACCEPTED

Name of Business/Organization: CONCESSIONS LTD.

Your Name: TOM FERGUSON

Mailing Address: 31 DEDHAM ST.

SITARON (City) MA (State) 02067 (P.O. Box) (Zip)

Telephone # 781 424-5147 Email cleef81@gmail.com

Is your business or organization a charitable or a not for profit? Yes No Non-Profit ID # _____
 (If yes, supply proof of your non-profit status with the State of NH)

Where do you intend to vend? 54 Lakeside Ave. Weirs Bch.
 (Street address or location) Space Number Sq. Footage

Additional locations you intend to vend:

(1) _____
 (Street address or location) Space Number Sq. Footage

(2) _____
 (Street address or location) Space Number Sq. Footage

Name of owner (s) of property on which you intend to vend: Audrey Bernstein

Owner's address: 54 Lakeside Ave. Weirs Bch. N.H. 03247
 Number Street City State Zip

Do you have written permission from the owner? Yes No (Please send in property permission form if owner sent this to you.)

Does your merchandise include any of the City's trademarks (See letter) Yes No. If Yes, have you applied for a trademark license Yes No

List all the merchandise you intend to sell or display (must be specific): Food + Beverage: French Fries, Pretzels, Corn dogs, Steak subs, sausage subs, chicken tenders, burgers, hot dogs, lemonade, soda, water, fried oreos, candy bars, fried dough, turkey legs, twinkies

(ONLY THOSE ITEMS LISTED WILL BE PERMITTED TO BE SOLD OR DISPLAYED)

Do you intend to offer entertainment or have a loudspeaker? Yes No
 (If yes, an additional entertainment or loudspeaker license is required)

- \$450 Vendor Application
- \$50 Food Inspection Fee
- \$100 Late Fee if after June 1, 2018
- \$100 Non Profit Application
- \$25 Non Profit Late Fee if after June 1, 2018
- \$450 Entertainment or Outdoor Loudspeaker License
- \$50 Friday Vending June 8, 2018 12pm- 11pm
- \$50 Friday Beer Tent June 8, 2018 (Entertainment License Required)

Total Application Fee: 500 (no personal checks after June 1, 2018)

I hereby acknowledge that I have read and understand the conditions of Chapters 161 and 195 Appendix A & B, and I understand that I am required to follow all City, State & Federal laws that apply to me with this license. I also understand and agree that the City of Laconia reserves the right to revoke my vending permit if I am found to be selling unlicensed merchandise.

Signature Tom Ferguson Date Jun. 31, 2018

Received on (date): 2/5/18 (FOR CITY USE ONLY) By: R. Allen
 Licensing Approval on: _____ License Start: _____ License Expires: _____
 Special Conditions of Approval: _____ Check here if approved per 161.20 of City Licensing Ordinance

MOTORCYCLE WEEK 2018
PROPERTY OWNER
PERMISSION NOTICE

TO: LACONIA LICENSING BOARD

I, Audrey Bernstein, BEING THE
(Print or Type)

LAWFUL OWNER OF PROPERTY LOCATED IN THE CITY OF LACONIA AT:

54 Lakeside Ave. Weirchs Beach.
(Street Address)

HAVE GRANTED PERMISSION FOR THE PURPOSE OF TEMPORARY VENDING TO:

BUSINESS NAME: Concessions Ltd.
(Print)

CONTACT NAME: Tim Ferrisun
(Print)

ADDRESS: 31 Dedham St. Sharon, MA 02067
(Print)

PHONE: 781 424-5147
(Print)

THE ABOVE VENDOR IS ASSIGNED TO SPACE # 1 THE SQUARE
FOOTAGE FOR THE VENDING SPACE IS 20x50 AS DETAILED ON THE PROPERTY
USE PLAN APPROVED BY THE CITY OF LACONIA ON _____, 2018

SUBJECT TO ALL CONDITIONS AND REQUIREMENTS OF STATE LAW, CITY
ORDINANCE, AND REGULATIONS.

PROPERTY OWNER: Audrey Bernstein
(Signature)

ADDRESS: 54 Lakeside Ave. Weirchs Beach N.H.

CONTACT PHONE: 603 315-2560 603 366-2560 603 3247
* * * *



What are you looking for?

Return to previous page

Credit Card Detail for Invoice: INV201822712313614

Transaction Date: 2/27/2018 1:04:16 PM
Account Number: n/a
Invoice Number: INV201822712313614
Invoice Type: Motor Cycle Vending
Customer: Virginia Hodgdon
Address: 718 Smyth Road
City, State, Zip: Manchester, NH 03104
Email Address: vlrgrlnla.hodgdon@va.gov
Card number: ~~XXXX~~ 4716XXXXXXXX0982, Exp: 5/2018
Transaction Code: Sale
Transaction Amount: \$100.00
Convenience Fee: \$0.00
Total Amount: \$100.00
Reference: 5A959DA07C22FCF7C6CD7D1EF541F23DCB4754B6
Message: Approved 046625
Biller Reference:
WSReportID: 0
Payment Source: Cloud Store - Consumer Initiated
Payment Processed By: N/A
Remote IP: 152.130.6.1
Name of Business/Organization: VA Medical Center
Your Name: Virginia Hodgdon
Mailing Address: 718 Smyth Road
City: Manchester
State: NH
Zip Code: 03104
Telephone Number: 6036244366
Email Address: vlrgrlnla.hodgdon@va.gov
Organization Type: Non-Charitable
Non-Profit ID# (If Applicable): 02-0222932
Address/Location of intended vending location: NH Vet Assoc. PO Box 5591 Welrs Beach, NH 03249
Space Number:
Square Footage: 3 -10' x 10' tents
Additional Vending Location (1):
Space Number (1):
Square Footage (1):
Additional Vending Location (2):
Space Number (2):
Square Footage (2):
Name of property owner which you intend to vend: NH Vet Assoc PO Box 5591 Welrs, NH 03249
Owner's Address:
Do you have written permission from the Owner: Yes
-Yes:
List all merchandise you intend to sell or display: Information for Veterans regarding Healthcare
Total Application Fee: 100