

CITY OF LACONIA - LICENSING BOARD
September 4, 2019 at 12 PM
CITY HALL - ARMAND A. BOLDUC CITY COUNCIL CHAMBER

1. Acceptance of minutes from previous meetings

1.A. August 7, 2019 Minutes

Documents:

[8.7.19 MINUTES DRAFT.PDF](#)

2. Licensing Review

These items have been approved administratively.

2.A. Outdoor Loudspeaker

2.A.i. McCarthy Wedding

August 24, 2019

Documents:

[OLS MCCARTHY.PDF](#)

2.A.ii. Fit Focus- Laconia

August 20, 2019 -November 20, 2019

Documents:

[OLS FIT FOCUS LACONIA.PDF](#)

3. New Business

Applications are available for review upon request.

3.A. Event

3.A.i. Chaos & Kindness

September 21, 2019

Documents:

[EVENT CHAOS AND KINDNESS.PDF](#)

3.A.ii. Easter Seals - Veterans Court

September 28, 2019

Documents:

[EVENT EASTER SEALS.PDF](#)

3.A.iii. Laconia Blues Festival

Documents:

[EVENT LACONIA BLUES FESTIVAL.PDF](#)

3.B. Itinerant Vendor

3.B.i. Wayfarer Coffee Roasters

Prescott Farm 9/14/19

Documents:

[IV WAYFARER COFFEE ROASTERS.PDF](#)

3.C. Outdoor Loudspeaker & Entertainment

3.C.i. Laconia Biketemberfest

Outdoor Loudspeaker and Entertainment

Documents:

[OLS AND ENT BIKETEMBERFEST.PDF](#)

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.

1. Acceptance of minutes from previous meetings

1.A. June 3, 2019 Minutes

Motion to approve June 3, 2019 minutes by Captain Al Graton, seconded by Chairman Jim Rogato. Motion approved.

2. Licensing Review

Motion to approve agenda items 2.A - 2.E by Captain Al Graton, seconded by Chairman Jim Rogato. Motion Approved.

2.A. 4th of July Itinerant Vendors

2.A.i. Carolyn's Creamee

2.A.ii. Hibbert Enterprises

2.A.iii. New England Wireless LLC

2.A.iv. Vertical Entertainment

2.B. Itinerant Vendors

2.B.i. Brad's Fried Dough

2.B.ii. Caren's Ice Cream

2.B.iii. Ryan's Rock-n-Dawgs

2.B.iv. Winni Wagon

2.C. Motorcycle Week Vendors

2.C.i. MCWK Vendor List

2.D. Outdoor Loudspeaker

2.D.i. Tim & Sheri Minor

2.E. Raffle

2.E.i. Easter Seals

2.E.ii. GOT LUNCH! Laconia

3. New Business

3.A. Event

3.A.i. Belknap County Democrats

Motion to approve by Captain Al Graton, seconded by Chairman Jim Rogato. Motion

Approved.

3.B. Outdoor Loudspeaker

3.B.i. Laconia Parks and Recreation

Motion to approve with the condition that loudspeakers are shut down by 10pm by Captain Al Graton, seconded by Chairman Jim Rogato. Motion Approved.

3.B.ii. Laconia Police Department

Motion to approve as a Review Item by Captain Al Graton, seconded by Chairman Jim Rogato. Motion Approved.

3.B.iii. Prescott Farm Environmental Education Center

Motion to approve by Captain Al Graton, seconded by Chairman Jim Rogato. Motion Approved.

4. Other Business

Licensing Clerk Hilary Young stated she followed up with Fit Focus after the previous meeting and that they will be applying for an outdoor loudspeaker.

5. Unfinished Business

6. Adjournment

Motion to adjourn by Captain Al Graton, seconded by Chairman Jim Rogato. Adjourned at 12:05pm



APPLICATION AND PERMIT FOR OUTDOOR LOUDSPEAKER

(PLEASE PRINT OR TYPE)

BusinessName: Brian + Lisa McCarthy

Address: ~~21 Lakeside Dr~~ 15 Sands Terrace Laconia,

Applicant's Name: Brian + Lisa McCarthy Telephone # 413-824-6080 NH 03246

Applicant's Address: 15 Sands Terrace Laconia NH 03246
Number Street City State Zip

Purpose of Loudspeaker:

- General entertainment
- Dancing & general entertainment
- Other

8 Country Club LN
Turners Falls, MA
01376

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

Wedding

Date (s) and times and location requested for the outdoor loudspeaker: August 24, 2019

4pm - 10pm

(FOR CITY USE ONLY)

Application Fee: 50

Received on (date): 10/18/19

By: [Signature]

Licensing Board Approval on: _____ License Expires on: _____



APPLICATION AND PERMIT FOR OUTDOOR LOUDSPEAKER

(PLEASE PRINT OR TYPE)

BusinessName: Fit Focus Laconia

Address: 523 Main Street

Applicant's Name: Brandon Bochi Telephone # 774-296-3678

Applicant's Address: 523 Main St Laconia NH 03810
Number Street City State Zip

Purpose of Loudspeaker:

- General entertainment
- Dancing & general entertainment
- Other

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

for outdoor fitness

Date (s) and times and location requested for the outdoor loudspeaker: _____

Mon - Fri 8am - 6pm

(FOR CITY USE ONLY)

Application Fee: 50-

Received on (date): 8/20/19

By: HJ

Licensing Board Approval on: _____ License Expires on: _____

Please make checks payable to:
City of Laconia



APPLICATION FOR EVENT LICENSE

(PLEASE PRINT OR TYPE)

Business/ Organization Name: CHADS + KIMONES

Address: 777 UNION AVE LACONIA, NH 03246

Applicant's Name: WENDY OSBORNE Telephone # 703 283-1647

Applicant's Address: 777 UNION AVE LACONIA NH 03246
Number Street City State Zip

Is this business/ organization Non Profit? Yes No

If yes please provide us with your Non Profit ID # _____

Type of Event: FESTIVAL

Number of Vendors at the Event (Selling & Displaying): 1-10

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

If Yes Please explain _____

Date and location of event 9/21/19 : 777 UNION AVE

Please submit this application with a permission letter from the property owner

Additional Event Information: _____

(FOR CITY USE ONLY)

Application Fee: 150. Received on (date): 5.14.19 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.

Please makes checks payable to:
City of Laconia



APPLICATION FOR EVENT LICENSE

(PLEASE PRINT OR TYPE)

Business/ Organization Name: EPSTERSEALS NH / VETERANS COUNCIL

Address: 555 AUGURN ST, MANCHESTER NH 03103

Applicant's Name: CHRISANE PEDERSON Telephone # 603-621-3429

Applicant's Address: SAME AS ABOVE
Number Street City State Zip

Is this business/ organization Non Profit? Yes No

If yes please provide us with your Non Profit ID # 02-0272825

Type of Event: CRAFT BEER & WINE FESTIVAL FOR VETERANS COUNCIL - LAKES REGION

Number of Vendors at the Event (Selling & Displaying): 25

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

If Yes Please explain LIVE BAND FOR MUSIC AND OCCASIONAL ANNOUNCEMENTS

Date and location of event 9/28/19: FUNSPOT, 579 ENDICOTT ST. NORTH

Please submit this application with a permission letter from the property owner

Additional Event Information: FUNDRAISING EVENT

(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.

Hilary Young

From: no-reply=invoicecloud.net@mg.invoicecloud.com on behalf of City of Laconia-City Hall Payments <no-reply@invoicecloud.net>
Sent: Friday, August 16, 2019 11:07 AM
To: Hilary Young
Subject: City of Laconia-City Hall Payments Invoice# INV201981695628789 Payment Confirmation



Dear Courtney Smith

Thank you for your payment to City of Laconia-City Hall Payments.

Your payment has been successfully processed and your account has been updated.

If you have any questions regarding your account, please email us at lallen@laconianh.gov and include your account number, first name and last name on the account.

Thank you for being a valued City of Laconia-City Hall Payments customer.

Please Note: To ensure delivery of account related email notifications, please add no-reply@invoicecloud.net to your safe senders list.

Below are the details you entered for this transaction:

Customer Name: Christine Pederson
Customer Mailing Address: 555 Auburn Street
Customer City: Manchester
Customer State: New Hampshire
Customer Zip: 03103
Customer Email Address: cpederson@eastersealsnh.org
Customer Number: 03103

Payment Confirmation

Invoice Number:

INV201981695628789

Payment Amount:

\$231.64

Message:

Approved 060112

Invoice Number: 03103

Reference
Number:

Amount to Pay: 225.00

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Certain email accounts block messages that you intend to receive. To make sure that you continue to receive updates from Invoice
Cloud add no-reply @ invoicecloud.net to your address book. © 2010-2019, Invoice Cloud. All rights reserved.

Please make checks payable to:
City of Laconia



APPLICATION FOR EVENT LICENSE

(PLEASE PRINT OR TYPE)

Business/ Organization Name: LACONIA BLUES FEST, LLC

Address: 264 LAKESIDE AVE LACONIA, NH 03246

Applicant's Name: ANTHONY SANTACIATE Telephone # (603) 767-2226

Applicant's Address: 36 VETERANS AVE LACONIA, NH 03246
Number Street City State Zip

Is this business/ organization Non Profit? Yes No

If yes please provide us with your Non Profit ID # _____

Type of Event: BLUES FESTIVAL

Number of Vendors at the Event (Selling & Displaying): LESS THAN 10

Will there be any entertainment or use of a loud speaker? Yes No
If Yes Please explain OUTDOOR STAGE W/ OUTDOOR BANDS

Date and location of event SEPTEMBER 21, 2019
WEIRS BEACH, NH

Please submit this application with a permission letter from the property owner

Additional Event Information: _____

(FOR CITY USE ONLY)

Application Fee: 150 Received on (date): 8/30/19 By: S. Allen

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.

937-532-9636

reuben@burrito.me.com



CITY OF LACONIA
APPLICATION FOR ITINERANT VENDOR'S LICENSE

(PLEASE PRINT OR TYPE)

Business Name: Wayfarer Coffee Roasters

Business Address: 626 Main Street Laconia, NH 03246

Applicant's Name: Rachel Jeffers Telephone # 603-527-8313

Applicant's Address: 626 Main Street, Laconia NH 03246
Number Street City State Zip

Applicant's Date of Birth: 02/23/89 & Non Profit ID #(if applicable) _____

Merchandise to be sold: Hot Coffee and Cold Brew

Do you have a State of NH hawkers/peddlers license? Yes No exempt (see attached)
Do you have a State of NH Department of Health permit? (Food vendors only) Yes No exempt (see attached)
Do you have the property owner's permission? Yes No (written permission attached)

The dates, days and hours you will be open for business:

Date: 9/14/19 Hours of Operation - From: 10 am To: 3 pm
Date: _____ Hours of Operation - From: _____ To: _____
Date: _____ Hours of Operation - From: _____ To: _____
Date: _____ Hours of Operation - From: _____ To: _____

Where do you intend to vend? 928 White Oaks Rd
(Street location)

Application Fee: 50.00 (FOR CITY USE ONLY) Received on (date) 8/29/19 by: L. Allen

Planning/Zoning suggestions/Comments
Initials _____

Licensing Board Approval on: _____ License Valid on: _____

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

Loudspeaker /ent.

Please make checks payable to:
City of Laconia



APPLICATION FOR EVENT LICENSE

OUTDOOR LOUDSPEAKER

(PLEASE PRINT OR TYPE)

+ Entertainment
no vendors

Business/ Organization Name: LACONIA BIKE FEMBERTEST LLC

Address: 264 LAKESIDE AVE LACONIA, NH 03246

Applicant's Name: ANTHONY SANTIAGATE Telephone # (603) 767-222

Applicant's Address: 36 VETERANS AVE LACONIA, NH 03246
Number Street City State Zip

Is this business/ organization Non Profit? Yes No

If yes please provide us with your Non Profit ID # _____

Type of Event: BLOCK PARTY

Number of Vendors at the Event (Selling & Displaying): 0

Will there be any entertainment or use of a loud speaker? Yes No
If Yes Please explain THERE WILL BE AN OUTDOOR STAGE WITH OUTDOOR BANDS

Date and location of event SEPTEMBER 13-15, 2019
LAKESIDE AVE

Please submit this application with a permission letter from the property owner

Additional Event Information: _____

(FOR CITY USE ONLY)

Application Fee: 100 Received on (date): 8/30/19 By: L. Allen

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.