



Application #: PL2021-0079
 Fees Paid: 675-
 Check #: 000269
 Receipt #:

RECEIVED

MAY 21 2021

**Planning/Zoning
City of Laconia**

**SPECIAL EVENT
APPLICATION**

New Special Event

Special Event Renewal (No Changes)

Name of Event: Laconia Motorcycle Week
 Type of Event: Motorcycle Rally
 Date(s) of Event: June 12 - June 20 Time of Event: 10am - 1am daily
 Tax Map/ Lot # (s): 115-280-6 Zoning District (s): _____
 Street Address: 1072 Watson Rd Laconia NH 03246
 Number of Parking Spaces: _____ Number of Venders: _____ Number of Tents and Sizes: _____
 Parks Approval: _____ Loudspeaker Hours: 10am - 1am Non-Profit (501C-3) ID #: _____
 Detailed Description of Event: An event bringing in motorcyclists for food, alcohol, live entertainment. We will be well lit on the whole property and the parking lot.

I hereby make application to the City of Laconia for the above-referenced property(s) and the development as described. To the best of my knowledge, the information provided herein is accurate and is in accordance with Chapter 195 of the Laconia City Ordinances. The Special Events Committee and/or City employees are authorized entrance to the property(s) for purposes of reviewing this proposal. I understand that I, or my agent, is responsible for appearing for any and all meetings before the Special Events Committee.

Sign as appropriate (If agent or non-person please attach certification)

	APPLICANT ^{High Octane Saloon LLC}	AGENT	PROPERTY OWNER
Printed Name:	<u>John Turner</u>	<u>Alicia Turner</u>	<u>John Turner</u>
Signature:	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
Date:	<u>4/1/2021</u>	<u>4/1/2021</u>	<u>4/1/2021</u>

DUE AT SUBMISSION:

- ALL FEES
- COMPLETED APPLICATION CONTACT WORKSHEET
- COMPLETED CHECKLIST FOR EVENT
- 10 COPIES OF ENTIRE SPECIAL EVENT APPLICATION AND SUPPORTING DOCUMENTATION



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
4/14/2021

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY
Melcher & Prescott Insurance
26 Main Street
Laconia NH 03246
PHONE (A/C, No, Ext): (603) 524-4535
E-MAIL ADDRESS: kklock@melcher-prescott.com
SUB CODE:
POLICY CODE: 4UK01

COMPANY
Central Mutual Insurance Co
PO Box 828
Van Wert OH 45891

AGENCY CUSTOMER ID #: 00004692
INSURED
High Octane Saloon Llc
072 Watson Rd
Laconia NH 03246-1738

LOAN NUMBER
POLICY NUMBER
CLP 8674723
EFFECTIVE DATE 10/15/2020
EXPIRATION DATE 10/15/2021
CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION
LOCATION/DESCRIPTION
Loc# 00001/Bldg# 00001
072 Watson Rd
Laconia, NH 03246

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION	AMOUNT OF INSURANCE	DEDUCTIBLE
Building, Replacement Cost, Special form	736,500	1,000
Business Personal Property, Replacement Cost, Special form	51,550	1,000

REMARKS (Including Special Conditions)

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.

ADDITIONAL INTEREST

NAME AND ADDRESS City of Laconia 45 Beacon St East Laconia, NH 03246	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE Jessica Thamm/JE		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/14/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Melcher & Prescott Insurance 26 Main Street Laconia NH 03246		CONTACT NAME: Jennifer Reckmeyer PHONE (A/C, No, Ext): (603) 524-4535 FAX (A/C, No): E-MAIL ADDRESS: jreckmeyer@melcher-prescott.com	
INSURED High Octane Saloon, LLC Act Five Entertainment, LLC 9 Chase Road Meredith NH 03253		INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati Specialty Und NAIC # 13037 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL20101405844 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.

SR	TR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CSU0120639	10/15/2020	09/11/2021	EACH OCCURRENCE	\$ 1,000,000
								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ Excluded
								PERSONAL & ADV INJURY	\$ 1,000,000
								GENERAL AGGREGATE	\$ 2,000,000
								PRODUCTS - COM/OP AGG	\$ 2,000,000
								Deductible - BI & PD	\$ \$2,500
								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"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE	\$
								AGGREGATE	\$
									\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
								E.L. EACH ACCIDENT	\$
								E.L. DISEASE - EA EMPLOYEE	\$
								E.L. DISEASE - POLICY LIMIT	\$
	A	Liquor Liability Coverage Assault or Battery Coverage			CSU0120639	10/15/2020	09/11/2021	Each Cause / Aggregate	\$1mill / \$1mill
								Each Occ / Aggregate	\$25K / \$50K
								Deductible	\$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Loc 1: 1072 Watson Rd, Laconia NH 03246 - Restaurant/Bar
Loc 2: 1048 Watson Rd, Laconia NH 03246 - Parking

CERTIFICATE HOLDER City of Laconia 45 Beacon Street East Laconia NH 03246	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 <i>Jennifer Reckmeyer</i>

© 1988-2015 ACORD CORPORATION. All rights reserved.

Open with

A B C D E F G H I

Absolute Portable Toilets LLC



QUOTE

PO BOX 575
 WINNISQUAM NH 03289
 TEL:(603)524-0880
 FAX:(603)527-0206
 E-Mail: AbsoluteSeptic@metrocast.net

DATE	NUMBER
4/21/2021	717

CUSTOMER
High Octane Saloon jheN@gmail.com

JOB LOCATION
1072 Watson Rd Laconia NH 03246

DESCRIPTION OF WORK TO BE PERFORMED

AMOUNT

6/11 - 6/21/21
 Provide (14) portable toilets
 Service to include twice daily cleanings

Absolute has contracted with High Octane Saloon to
 provide the above service

TOTAL	\$
--------------	----

Downward 4/21/2021
 Customer signature



**SERVICE AGREEMENT
NON-HAZARDOUS WASTES**

Renewal Contract
SIC Code 1542
Type of Business Roll Off

WASTE MANAGEMENT OF NEW HAMPSHIRE, INC.
P.O. BOX 98
LACONIA, NH 03247
PHONE: 800-649-4576,
FAX: 603-744-2515

WM AGREEMENT NO. _____
CUSTOMER ACCOUNT 278
REASON CODE _____
EFFECTIVE DATE 06/05/21 - 06/22/21

ACCOUNT NAME	<u>High Octane Saloon</u>
SERVICE ADDRESS	<u>1072 WATSON RD</u>
CITY, ST ZIP	<u>Laconia, NH 03246</u>
COUNTY	<u>NH BEL</u>
TEL #	<u>603-396-4151</u>
FAX #	_____
CONTACT	<u>John Turner</u>

BILLING NAME	<u>High Octane Saloon</u>
BILLING ADDRESS	<u>1072 WATSON RD</u>
CITY, ST	<u>Laconia, NH 03246</u>
COUNTY	_____
TEL #	<u>603-396-4151</u>
FAX #	_____
CONTACT	<u>Donna Turner</u>

EQUIPMENT/SERVICE SPECIFICATIONS

Loc.	System	Quantity	Size	Lids	Wheels	Lock	Frequency	On Call	Schedule & Route No.							Charge(s)	Month	
	30 O	2	30 YD						M	T	W	H	F	S	U	\$ 165.00 Haul	Lift	<input type="checkbox"/>
	DTN	1	Disposal						M	T	W	H	F	S	U	\$ 105.00 Ton	Lift	<input type="checkbox"/>
	Del	2	Delivery						M	T	W	H	F	S	U	\$ 95.00	Lift	<input type="checkbox"/>
Map Code/ Driver Notes												\$	Total	Lift	<input type="checkbox"/>			
									M	T	W	H	F	S	U	\$	Lift	<input type="checkbox"/>
									M	T	W	H	F	S	U	\$	Lift	<input type="checkbox"/>
									M	T	W	H	F	S	U	\$	Lift	<input type="checkbox"/>
									M	T	W	H	F	S	U	\$	Lift	<input type="checkbox"/>

SPECIAL INSTRUCTIONS	WM AGREEMENT NO.
NBT / _ T / LD /OBR (3 Ton MIN) NH BEL F&E 10% RCR 3.6 % DEL	

CUSTOMER DEPOSIT _____	RENEWABLE _____
_____	TERM _____
P.O. NUMBER <u>BW 21</u>	_____
JOB NUMBER _____	_____
RECEIPT REQUIRED? <u>(Y/N)</u>	BILL TO ACCT # _____
TAXABLE <u>(Y/N)</u>	DISPOSAL SITE _____

Service Charge per Month	_____	\$ _____
Casters/Locks	_____	\$ _____
Extra Pickup Charges	_____	\$ _____
Per Lift	_____	\$ _____
Per Yard	_____	\$ _____
Per Ton	_____	\$ _____
Hauling Per Load	_____	\$ _____
Disposal Per Ton	_____	\$ _____
Disposal per Load	_____	\$ _____
Total per Load	_____	\$ _____
Delivery Charge	_____	\$ _____
Scheduled Charge	_____	\$ _____
Removal Charge	_____	\$ _____
Trip Charge	_____	\$ _____
Franchise Fees	_____	\$ _____
Minimum Charge per Month	_____	\$ _____

THE UNDERSIGNED INDIVIDUAL SIGNING THIS AGREEMENT ON BEHALF OF CUSTOMER ACKNOWLEDGES THAT HE/SHE HAS READ AND UNDERSTANDS THE TERMS AND CONDITIONS OF THIS AGREEMENT, ON THE REVERSE SIDE, AND THAT HE/SHE HAS THE AUTHORITY TO SIGN ON BEHALF OF THE CUSTOMER

TERMS: NET 10 DAYS

CUSTOMER

Donna Turner
(AUTHORIZED SIGNATURE)

Owner (TITLE) 4-12-2021 (DATE)

NAME (PRINT OR TYPE) Donna Turner

CONTRACTOR

SAW
(AUTHORIZED SIGNATURE)

406 (TERRITORY NUMBER) 04/12/21 (DATE)

NAME (PRINT OR TYPE) Steven W Durand

Collection Service Agreement
Terms And Conditions

1. SERVICES RENDERED; WASTE MATERIALS. Customer grants to Company the exclusive right, and Company shall furnish equipment and services, to collect and dispose of and/or recycle all of Customer's Waste Materials. Customer represents and warrants that the materials to be collected under this Agreement shall be only "Waste Materials" as defined herein. For purposes of this Agreement, "Waste Materials" means all non-hazardous putrescible and non-putrescible solid waste and recyclable materials generated by Customer or at Customer's Service Address. Waste Materials includes Special Waste, such as industrial process wastes, asbestos containing material, petroleum contaminated soils, treated/de-characterized wastes, and demolition debris, provided that Customer has completed a Waste Profile for such Special Waste which has been approved by Company in writing. Waste Materials specifically excludes, and Customer agrees not to deposit or permit the deposit for collection of, any radioactive, volatile, corrosive, flammable, explosive, biomedical, infectious, biohazardous, regulated medical or hazardous waste, toxic substance or material, as defined by, characterized or listed under applicable federal, state, or local laws or regulations, or Special Waste not approved in writing by Company (collectively, "Excluded Materials"). Title to and liability for Excluded Material shall remain with Customer at all times.

2. TERM. The initial term ("Term") of this Agreement is thirty-six (36) months from the Effective Date set forth above ("Initial Term"). This Agreement shall automatically renew thereafter for additional terms of twelve (12) months each ("Renewal Term") unless either party gives to the other party written notice (See Section 10) of termination at least ninety (90) days, but not more than one hundred eighty (180) days, prior to the termination of the then-existing term.

3. SERVICES GUARANTY. If the Company fails to perform the services described within five business days of its receipt of a written demand from Customer (See Section 10), Customer may terminate this Agreement with the payment of all monies due through the termination date.

4. CHARGES; PAYMENTS; ADJUSTMENTS. Customer shall pay for the services and/or equipment (including repair and maintenance) furnished by Company in accordance with the charges on the reverse side, as adjusted hereunder, within ten (10) days of the date of Company's invoice. Customer shall pay a service charge on all past due amounts accruing from the date of the invoice at a rate of eighteen percent (18%) per annum or, if less, the maximum rate allowed by law. Company may increase the charges to account for: any increase in disposal, fuel or transportation costs; any change in the composition of the Waste Materials or increases in the average weight per container of Waste Materials; increased costs due to uncontrollable circumstances, including, without limitation, changes in local, state or federal laws or regulations, imposition of taxes, fees or surcharges and acts of God such as floods, fires, etc. Company may also increase the charges to reflect increases in the Consumer Price Index for the municipal or regional area in which the Service Address is located. Increases in charges for reasons other than as provided above require the consent of Customer which may be evidenced verbally, in writing or by the actions and practices of the parties.

5. CHANGES. Changes in the frequency of collection service, schedule, number, capacity and/or type of equipment may be agreed to orally, in writing, or by the actions and practices of the parties.

6. EQUIPMENT, ACCESS. All equipment furnished by Company shall remain the property of Company; however, Customer shall have care, custody and control of the equipment and shall bear responsibility and liability for all loss or damage to the equipment and for its contents while at Customer's location. Customer shall not overload, move or alter the equipment and shall use the equipment only for its intended purpose. At the termination of this Agreement, Customer shall return the equipment to Company in the condition in which it was provided, normal wear and tear excepted. Customer shall provide unobstructed access to the equipment on the scheduled collection day. Customer shall pay, if charged by Company, an additional fee for any service modifications caused by or resulting from Customer's failure to provide access. Company shall not be responsible for any damage to Customer's property, including pavement, subsurface or curbing, resulting from Company's provision of services hereunder. Customer warrants that Customer's right of way is sufficient to bear the weight of Company's equipment and vehicles.

7. LIQUIDATED DAMAGES. In the event Customer terminates this Agreement prior to the expiration of any term for any reason other than a default by Company, or in the event Company terminates this Agreement for Customer's default, Customer shall pay the following liquidated damages in addition to the Company's legal fees: 1) if the remaining Initial Term under this Agreement is six or more months, Customer shall pay its most recent monthly charges multiplied by six; 2) if the remaining Initial Term under this Agreement is less than six months, Customer shall pay its most recent monthly charges multiplied by the number of months remaining in the Term; 3) if the remaining Renewal Term under this Agreement is three or more months, Customer shall pay its most recent monthly charges multiplied by three; or 4) if the remaining Renewal Term under this Agreement is less than three months, Customer shall pay its most recent monthly charges multiplied by the number of months remaining in the Renewal Term. Customer acknowledges that the actual damage to Company in the event of termination is difficult to fix or prove, and the foregoing liquidated damages amount is reasonable and commensurate with the anticipated loss to Company resulting from such termination and is an agreed upon fee and is not imposed as a penalty. Company shall not be liable under any circumstances for any special, incidental or consequential damages arising out of or in connection with performance of this Agreement.

8. INDEMNITY. The Company agrees to indemnify, defend and save Customer harmless from and against any and all liability which Customer may be responsible for or pay out as a result of bodily injuries (including death), property damage, or any violation or alleged violation of law, to the extent caused by any negligent act, negligent omission or willful misconduct of the Company or its employees, which occurs (1) during the collection or transportation of Customer's Waste Materials, or (2) as a result of the disposal of Customer's Waste Materials, after the date of this Agreement, in a facility owned by a subsidiary of Waste Management, Inc., provided that the Company's indemnification obligations will not apply to occurrences involving Excluded Materials.

Customer agrees to indemnify, defend and save the Company harmless from and against any and all liability which the Company may be responsible for or pay out as a result of bodily injuries (including death), property damage, or any violation or alleged violation of law to the extent caused by Customer's breach of this Agreement or by any negligent act, negligent omission or willful misconduct of the Customer or its employees, agents or contractors in the performance of this Agreement or Customer's use, operation or possession of any equipment furnished by the Company. Neither party shall be liable to the other for consequential, incidental or punitive damages arising out of the performance of this Agreement.

9. RIGHT OF FIRST REFUSAL. Customer grants to Company a right of first refusal to match any offer relating to services similar to those provided hereunder which Customer receives (or intends to make) upon termination of this Agreement for any reason and Customer shall give Company prompt written notice of any such offer and a reasonable opportunity to respond to it.

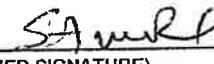
10. MISCELLANEOUS. (a) Except for the obligation to make payments hereunder, neither party shall be in default for its failure to perform or delay in performance caused by events beyond its reasonable control, including, but not limited to, strikes, riots, imposition of laws or governmental orders, fires, acts of God, and inability to obtain equipment, and the affected party shall be excused from performance during the occurrence of such events; (b) This Agreement shall be binding on and shall inure to the benefit of the parties hereto and their respective successors and assigns; (c) This Agreement represents the entire agreement between the parties and supersedes any and all other agreements, whether written or oral, that may exist between the parties; (d) This Agreement shall be construed in accordance with the law of the state in which the services are provided; and (e) All written notification required by this Agreement shall be by Certified Mail, Return Receipt Requested. If any provision of this Agreement is declared invalid or unenforceable, then such provision shall be severed from and shall not affect the remainder of this Agreement; however, the parties shall amend this Agreement to give effect, to the maximum extent allowed, to the intent and meaning of the severed provision. In the event the Company successfully enforces its rights against Customer hereunder, the Customer shall be required to pay the Company's attorneys' fees and court costs.

CUSTOMER


(AUTHORIZED SIGNATURE)
Owner

(TITLE)
42721

(DATE)

CONTRACTOR


(AUTHORIZED SIGNATURE)
04/12/21

(DATE)
TERRITORY NUMBER

CITY OF LACONIA
PLANNING DEPARTMENT
603-527-1264 (Phone) 603-524-2167 (Fax)

ADMINISTRATIVE REVIEW APPLICATION
Fee \$125.00 # _____

STREET ADDRESS: 1072 Watson Rd Laconia NH 03246

RECEIPT STAMP

PROPERTY INFORMATION

Map 175 Street 220 Lot 5 Zoning District(s) _____

PROJECT NAME: High Octane Saloon

Applicant
ADDRESS John Turner
9 Chase Rd
Meredith NH 03253

PHONE 603-396-1451
FAX _____
eMAIL highoctaneNH@gmail.com

OWNER
ADDRESS John Turner
9 Chase Rd
Meredith NH 03253

PHONE 603-396-1451
FAX _____
eMAIL highoctaneNH@gmail.com

1. Existing use(s): 23 auto/42 MC High Octane Saloon

2. Existing parking spaces _____ Striped/Unstriped 3. Proposal description: _____
Seasonal outdoor Seating w/ 50'x100'

John Turner
Print Property Owner name

[Signature]
Signature of Property Owner

3-31-21
Date

John Turner
Print Applicant name

[Signature]
Signature of Applicant

3-31-21
Date

Approval

APPL. # _____ Apprv'd use: _____ Approved by/date: _____/____

Comments/conditions:

* Other permits from other departments may be required. It is the applicant's responsibility to obtain all other permits/approvals before project can begin. Please note that a permit must be obtained from this department before any signs are installed.

APPEAL PROCESS: Pursuant to RSA 677:15, an aggrieved party may appeal this decision to the ZBA pursuant to RSA 676:5, III within 30 days of the date of the decision.

MOTORCYCLE WEEK 2021
PROPERTY OWNER
PERMISSION NOTICE

TO: LACONIA LICENSING BOARD

I, John TURNER, BEING THE
(Print or Type)

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

1072 WATSON RD LACONIA, NH 03246
(Street Address)

HAVE GRANTED PERMISSION FOR THE PURPOSE OF TEMPORARY VENDING TO:

BUSINESS NAME: A&D GRAPHICS LLC
(Print)

CONTACT NAME: CHET ADAMS
(Print)

ADDRESS: 174 SWITCH RD ANDOVER, NH 03216
(Print)

PHONE: 603-344-2438
(Print)

THE ABOVE VENDOR IS ASSIGNED TO SPACE # 1 THE SQUARE
FOOTAGE FOR THE VENDING SPACE IS 206 AS DETAILED ON THE PROPERTY
USE PLAN APPROVED BY THE CITY OF LACONIA ON _____, 2020

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

PROPERTY OWNER: [Signature]
(Signature)

ADDRESS: 1072 Watson Rd Laconia NH 03246

CONTACT PHONE: 603 396 1451

* * * *