

Please make checks payable to:
City of Laconia



APPLICATION FOR EVENT LICENSE

(PLEASE PRINT OR TYPE)

Business/ Organization Name: Red Anchor Wellness, PLLC

Address: 36 Country Club Road, Suite Gilford NH 03249

Applicant's Name: Melissa M. Morrison Telephone # [REDACTED]

Applicant's Address: [REDACTED]
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: Wellness Expo

Number of Vendors at the Event (Selling & Displaying): ~30

Will there be any entertainment or use of a loud speaker? Yes No
If Yes Please explain It is possible we/I will use a loud speaker for short announcements.

Date and location of event 9/25/21 (rain date) Opechee Park
or Opechee Track.

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

Additional Event Information: This event will be a way to showcase what the lakes region has to offer all of us of ALL ages regarding our precious wellness. Exercises every 1/2 hour for adults and children, healthy food options and businesses dedicated to self-care.

Application Fee: * Asking for waiver Received on (date): 8/4/21 By: [Signature] (FOR CITY USE ONLY)

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.