

BELMONT LAND USE OFFICE

APPLICATION FOR:

- Change/Addition of Commercial/Industrial Use
- Change/Addition of Commercial/Industrial Tenant

APPLICATION MUST BE TYPED OR PRINTED LEGIBLY IN PEN

Applicant: Jeremyah Bilodeau Contact Person: Jeremyah Bilodeau

Tele: 366-1500 Cell Phone: 455-8559 Fax: 366-1500 e-mail: Jeremy@lrs.biz

Business Name: Lakes Region Arms and Ammo, Ltc

Mailing Address: 569 Laconia Road, Belmont, NH 03220

Land Owner (If different): Same Contact Person: \_\_\_\_\_

Tele: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Agent (If any): \_\_\_\_\_ Contact Person: \_\_\_\_\_

Tele: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Address of Property: \_\_\_\_\_ Tax Map & Lot #(s): \_\_\_\_\_  
(Street #/name, Unit #, Etc.) Sewer OR Septic \_\_\_\_\_

Describe existing tenant(s)/use(s) on the property: Truck Repair facility.

Which (if any) existing tenant(s)/use(s) will be eliminated or otherwise changed? Add Ammunition and Gun Sales by appointment.

Fully describe your proposed use – include all activities related to this use: Ammunition and Gun Sales by appointment.

Days/Hours of Week Operating: appointment

Number of persons on site engaged in your business: 2

Describe size and area to be used **inside** structure: Use Current footprint  
Activities that will occur **inside** structure: Ammunition & Gun Sales

Describe any **inside** repairs/modifications/expansions: None

Describe size and area to be used **outside** of structure: None

Activities that will occur **outside** of structure: None

Describe any **outside** repairs/modifications/expansions: None

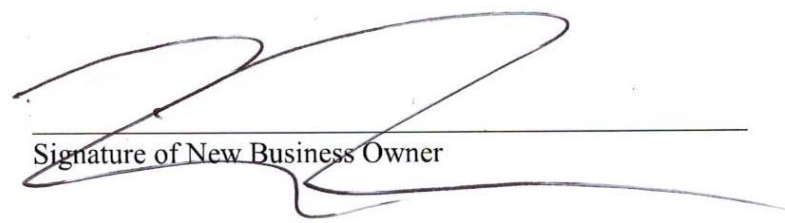
Describe proposed signage (permit required): Lakes Region Arms & Ammo, LLC

Include sketch or map of property showing areas to be used.

**STATEMENT OF ASSURANCE**

I hereby certify that to the best of my knowledge this information is valid and that there is no violation of the approved ordinances, codes, and/or regulations of the Town of Belmont. I authorize the Members of the Board or their staff to enter onto my property and take both land and aerial photos for the purposes of this review.

4/9/2020  
Date

  
Signature of New Business Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Land Owner (if different)

Be sure to include required \$25 fee.