

APPLICATION FOR LAMP POST BANNERS

APPLICANT INFORMATION

Primary Contact Name	Primary Contact Phone No.
Name of Organization/Municipal Department	Is applicant a registered non-profit org? Yes No
Mailing Address	
City, State, and Zip Code	
Email Address	

EVENT INFORMATION

Name of Event/Topic	Dates of Event
Indicate the Number of Banners to be Hung in Each Section: MAIN STREET: Section A: _____ Section B: _____ Section C: _____ Section D: _____	
Preferred Installation Date (cannot be more than 3 weeks before event): Alternate Installation Date (if preferred date is unavailable):	

PAYMENT INFORMATION

Total number of poles requested	
Fee per pole	_____ X \$25.00
Total Fee Due *	\$

***Once banner location(s) and dates are awarded, the fee is non-refundable, even if the applicant later chooses to withdraw from the lamp post banner program.**

By signing this application, I certify that I have read and understand the City of Concord's Lamp Post Banner Program policies and I agree to be bound by them. I understand that this program is subject to availability on a first-come, first-served basis.

Authorized Signature

Date

Mail or hand-deliver your completed application with payment to:

Lamp Post Banner Program
Attn: Licensing Coordinator
City of Concord
37 Green Street
Concord, NH 03301

To obtain additional information on the City of Concord's Lamp Post Banner Program, please contact the City's Licensing Coordinator: Phone: 603-225-8580 Email: banners@concordnh.gov Website www.concordnh.gov

For Office Use Only:

Approved by:	
Date:	