

Return To: City of Concord
 Code Administration
 Health Services
 37 Green St
 Concord, NH 03301



Permit #: _____
 Check #: _____
 Fee: _____
 Make checks payable to
CITY OF CONCORD

Application For Annual Entertainment License

Applicant Information			
Establishment: _____		Phone: _____	
Estab. Address: _____			
<i>Street Address</i>			<i>Unit #</i>
Billing Address: _____			
<i>Street Address/PO Box</i>		<i>City/State</i>	<i>ZIP Code</i>
Manager Name: _____		Phone: _____	
Owner Name: _____		Phone: _____	
Owner Address: _____			
<i>Street Address/PO Box</i>		<i>City/State</i>	<i>ZIP Code</i>
Email: _____			

Proposed Hours of Operation	
Days: _____	
Hours: _____	_____
<i>From</i>	<i>To:</i>

Type of Entertainment				
<u>Theatres, Halls and Places of Amusement</u>			<u>Dancing and Live Entertainment</u>	<u>Live Entertainment Only</u>
Seating Capacity of 1,000+ <input type="checkbox"/>	Seating Capacity of 500-999 <input type="checkbox"/>	Seating Capacity of under 500 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$430.00	\$337.00	\$217.00	195.00	\$97.00
Indicate Actual Seating Capacity:				

AT THE DISCRETION OF THE LICENSING OFFICER, A SEPARATE LICENSE MAY BE REQUIRED FOR ANY FORM OF ENTERTAINMENT WHICH IS DEEMED TO BE UNUSUAL OR OUT OF THE ORDINARY, OR AN EVENT WHERE THE NUMBER OF PARTICIPANTS IS EXCESSIVE.

Disclaimer and Signature

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature: _____ Date: _____

Approved: _____ Date: _____

Health & Licensing Officer