



This application should be submitted **thirty (30) days** prior to the proposed event to allow for processing

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

Event Application

| Applicant Information | | |
|-----------------------|----------------------------|-------------------------|
| Event Organizer: | _____ | Date: _____ |
| | <i>First Last M.I.</i> | |
| Address: | _____ | |
| | <i>Street Address</i> | <i>Apartment/Unit #</i> |
| | _____ | _____ |
| | <i>City State ZIP Code</i> | |
| Phone: | _____ | Email _____ |
| Start Date: | _____ | End Date: _____ |
| Start Time: | _____ | End Time: _____ |
| Name of Event: | _____ | |
| Rain Date(s): | _____ | |

Documents

| | | | | | |
|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Will this event take place on the City Plaza (in front of "Arch")? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Certificate of Insurance Attached? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Will electricity be needed at the City Plaza? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Requesting Street Closure for this Event: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If Yes, list times: | | | Will this event take place at Bicentennial Square: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| _____ AM/PM to _____ AM/PM | | | Will this event take place at Eagle Square: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

IF YES, ADDITIONAL RENTAL AGREEMENT REQUIRED

Is this a Non-Profit Organization? YES NO If Yes, List #: _____ - _____ - _____

Type of Event

If Parade, See Section on Page 2 for Additional Information

| | |
|--|---------------------------------------|
| Entertainment <input type="checkbox"/> | Event: <input type="checkbox"/> |
| Demonstration <input type="checkbox"/> | Picket <input type="checkbox"/> |
| March <input type="checkbox"/> | Road Race <input type="checkbox"/> |
| Triathlon <input type="checkbox"/> | Bike-A-Thon: <input type="checkbox"/> |
| Parade <input type="checkbox"/> | |
| Location/Route _____ | |

SEE SECOND PAGE

Additional Event Information

Event Sponsor: _____

Expected # Participants: _____

Expected # Spectators: _____

D.J/Live Music: _____

Tents, Guest Speakers, ETC.: _____

Food Vendors Licensed in Concord: YES NO If NO, include separate Food Vendor Application for each vendor

Tents larger than 400 sq ft require a permit from the Fire Dept. YES NO

Parade

Theme/Type: _____

Expected # Units: _____

Location/Route (attach a map) _____

Additional Event Requirements

If the event is on City Property, it is the responsibility of the applicant to clean up the area used immediately after the event, unless prior arrangements have been made with the City. There will be a fee charged for failure to comply.

A Letter for Street Closure must be submitted to the **Health & Licensing Office** and addressed to the **City Manager** along with this application. Approval for Street Closure from the City Manager must be received **prior** to a permit being issued.

Attach a map or drawing of the layout of your event.

Banners are **NOT** permitted on the Arch.

NO Port-A-Potties are permitted on the City Plaza

The placement of physical obstructions on City Property triggers the need for a COI and an Event Permit

Return this form to:
City of Concord
Code Administration
Health Services

37 Green Street Concord, NH 03301

Police Department Use Only

Officers Requ. _____ From: _____ To: _____

Restrictions _____

Approved: _____

Disclaimer and Signature

THIS PERMIT MAY BE REVOKED FOR JUST CAUSE ACCORDING TO THE CITY OF CONCORD CODE OF ORDINANCES, CHAPTER 15, ARTICLES 15-10-3 & 15-10-15 a-d, WHICH INCLUDES NOISE OF A REASONABLE LEVEL. THE GRANTING OF A PERMIT BY THE CITY OF CONCORD TO USE THIS AREA FOR PUBLIC DEMONSTRATION OR DISPLAY PURPOSES INDICATES NEITHER ENDORSEMENT NOR SUPPORT BY THE MUNICIPALITY OF THE VIEWS OR BELIEFS OF THE LICENSEES.

Signature: _____ Date: _____

Approved: _____ Date: _____

Health & Licensing Officer