

This application should be submitted **thirty (30) days** prior to the proposed event to allow for processing
See Page 2 for Charitable Solicitations



Permit #: _____
Fee: \$20.00
 Make checks payable to
CITY OF CONCORD

Raffle/Charitable Solicitation Permit Application

Applicant Information				
Organization Name: _____ Phone: _____				
Organization Address: _____				
<i>Street Address</i>	<i>Unit #</i>	<i>City/State</i>	<i>ZIP Code</i>	
Name of Organizer: _____ Phone: _____				
Organizer Address: _____				
<i>Street Address</i>	<i>Apartment/Unit #</i>			
<i>City</i>	<i>State</i>	<i>ZIP Code</i>		
Email: _____				

Raffle Information (If Charitable Solicitation, See Reverse)	
Start Date: _____	End Date: _____
Start Time: _____	End Time: _____
Purpose: _____	
Method Used: _____	
Fundraiser Location: _____	
Raffle Prize(s) _____	

Organization Information	
Is organization registered under New Hampshire Law with the Secretary of State?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is organization registered under New Hampshire Law with the Attorney General?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Nature of Organization: <i>(religious, charitable, civic, veteran, fraternal, educational etc.)</i>	
Age of Organization: _____	
Non-Profit ID #: _____ - _____	

Disclaimer and Signature

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT

Signature: _____ Date: _____

Approved: _____ Date: _____

Health & Licensing Officer / Licensing Coordinator

THIS PERMIT DOES NOT GIVE PERMISSION TO SOLICIT BUSINESS ESTABLISHMENTS WITHOUT THE OWNER/MANAGER'S PERMISSION

For Charitable Solicitations Only

Location:	Date:	Time:

NOTE: Each group/person must have a copy of the City permit when more than one location is being used for an event.