

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: \$15.00**  
 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: _____                                   |                 |

| 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:<br><i>(religious, charitable, civic, veteran, fraternal, educational etc.)</i> |  |
| Age of Organization: _____   |  |
| Non-Profit ID #: _____   |  |

| Disclaimer and Signature  |             |
|---|-------------|
| <b>I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT</b> |             |
| Signature: _____  | Date: _____ |
| Approved: _____   | Date: _____ |
| <i>Health &amp; Licensing Officer/ Licensing Coordinator</i>    |             |

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

**\*For Charitable Solicitations Only\***

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