

Return to:
City of Concord
Code Administration
Health Services Division
37 Green Street
Concord, NH 03301
603-225-8580



Permit #: _____

Fee: \$80.00/year/device

Make check payable to:
CITY OF CONCORD

APPLICATION FOR LICENSE TO OPERATE AMUSEMENT DEVICES

Name of Applicant: _____ Phone: _____
(Must be over 18 years of age)

Address: _____ State: _____ Zip Code: _____

If a firm, corporation, partnership or association, please list names and addresses of principal officers:

Owner of Devices: _____ Phone: _____

Address of Owner: _____ State: _____ Zip Code: _____

Please indicate the name and address of business where device(s) will be operated:

Type of Business: _____
(Restaurant, Store, Lounge, Etc.)

Total Number of Devices: _____

Please list the names of devices below:

ALL LICENSES EXPIRE APRIL 30th

Applicant's Signature: _____ Date: _____

Approved: _____ Date: _____

Health and Licensing Officer

Revised: 7/1/15