

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



Permit #: _____

Fee: _____ \$15.00

Make check payable to:
CITY OF CONCORD

**This application must be submitted
fourteen (14) days prior to the proposed
dates of solicitation to allow for the
processing of this application.**

APPLICATION FOR CHARITABLE SOLICITATION PERMIT

Name of Organization: _____ Phone: _____

Address of Organization: _____ State: _____ Zip Code: _____

Name of Person in charge of solicitation: _____ Phone: _____

Address: _____ State: _____ Zip Code: _____

Purpose for which solicitation is to be made: _____

Methods to be used: _____

Is organization registered under New Hampshire Law with the Secretary of State? _____

Is organization registered under New Hampshire Law with the Attorney General? _____

How long has organization been in existence? _____

Nature of organization: (religious, charitable, educational, civic, veteran, fraternal): _____

Non-Profit ID Number: _____

NOTE: Please see back to complete this application

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

Applicant's Signature: _____ Date: _____

Approved: _____ Date: _____

Health Licensing Officer

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

PLEASE COMPLETE:

Proposed Location (s) & Address

Dates

Hours

Proposed Location (s) & Address	Dates	Hours

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