

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 to allow for processing.**

APPLICATION FOR RAFFLE PERMIT

Name of Organization: _____ Phone: _____

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

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

Address: _____ State: _____ Zip Code: _____

Purpose of raffle: _____

Method(s) to be used: _____

Location of sale of tickets: _____

Proposed dates of raffle: From: _____ To: _____

Proposed hours of raffle: From: _____ To: _____

Is organization registered under New Hampshire Law with the Secretary of State? Yes No

Is organization registered under New Hampshire Law with the Attorney General? Yes No

How long has organization been in existence? _____

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

Non-Profit ID Number: _____

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

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT

Applicant's Signature: _____ Date: _____

Approved: _____ Date: _____

Health Licensing Officer