



**APPLICATION
CITY OF DOVER, NEW HAMPSHIRE**

NOTIFICATION TO CITY HALL

Fill In Completely and Return To City Clerk at least 48 hours prior to event

Organization Name: _____

Contact Person: _____ **Day Time Telephone:** _____

Address: _____ **Email Address** _____

Request for One Time only Permit:

Date of Event: _____ **Specific Time:** _____

General Location of Event: _____

OR

Blanket Permit Requested. This approval runs form June 1st - May 30th and requires 48 hours notice if there is a change in day or time:

Days of event _____ **Times of event** _____

General Location of Event _____

(example: first Saturday of each month from noon -2pm in Downtown Dover)

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

Signature: _____ **Date:** _____

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Licensing Board approval _____ **Date:** _____