



**PERMIT APPLICATION  
CITY OF DOVER, NEW HAMPSHIRE**

Check(  ) the type of application:

RAFFLE\* \_\_\_\_\_, TAG\* \_\_\_\_\_, BLOCK PARTY\*\* \_\_\_\_\_,

*Fill In Completely and Return To City Clerk -- PLEASE NO LATER THAN 30 DAYS PRIOR TO EVENT*

Organization Name: \_\_\_\_\_

Federal Tax ID number for Organization: \_\_\_\_\_

Check (  ) Nature of Organization:

Religious\_\_\_\_, Educational\_\_\_\_, Charitable\_\_\_\_, Civic\_\_\_\_, Sports\_\_\_\_, Veterans\_\_\_\_, Fraternal or Political\_\_\_\_, Other\_\_\_\_  
(Describe) \_\_\_\_\_

Contact Person: \_\_\_\_\_ Day Time Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Email \_\_\_\_\_

Purpose of Permit: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Specific Time: \_\_\_\_\_

Location of Event: \_\_\_\_\_

\*\*\*\*\*RAFFLE / TAG PERMITS\*\*\*\*\*

Prize (s) To Be Awarded: \_\_\_\_\_

Cost of Ticket: \_\_\_\_\_ Date of Drawing: \_\_\_\_\_

Place of Drawing: \_\_\_\_\_

**\* NOTICE TO RAFFLE AND TAG PERMIT APPLICANTS:** Please be advised the City will verify that your organization is in compliance with the regulations of N.H. Charitable Trusts Unit of the Attorney General's Office prior to the acceptance of your application. The police department may contact you to obtain additional information. Please provide a way for us to contact you during the day so the request can expedited. Information on these requirements may be found at

<http://www.doj.nh.gov/charitable-trusts/faq.htm>

\*\*\*\*\*BLOCK PARTY PERMITS\*\*\*\*\*

**\*\*NOTICE TO BLOCK PARTY APPLICANTS: STREET CLOSURES, TRAFFIC DETOURS, AND/OR PARKING RESTRICTIONS MUST BE ARRANGED WITH THE POLICE DEPARTMENT**

Block Party Location (attach map if more than one street is affected): \_\_\_\_\_

Police Department Block Party Approval Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT. I UNDERSTAND THAT THIS PERMIT IS ISSUED BY THE CITY COUNCIL PER the provisions of RSA 287-A , RSA 31:91 and/or RSA 286 and I agree to abide by the same.**

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

(duly authorized)

PRINTED NAME: \_\_\_\_\_

Licensing Board Approval \_\_\_\_\_ Date: \_\_\_\_\_