



CITY OF PORTSMOUTH, NEW HAMPSHIRE
APPLICATION

_____ ***TAG DAY (\$20.00 Eff. 07/01/2017)**
_____ ****RAFFLE (\$15.00)**

ORGANIZATION NAME: _____

TYPE OF ORGANIZATION: Educational – Charitable – Civic – Sports – Veterans – Religious - Political
(Circle One)

ORGANIZATION ADDRESS: _____

APPLICANT/CONTACT PERSON: _____

DAY TIME TELEPHONE OF CONTACT: _____

* DATE OF TAG DAYS: _____

Please note: The City of Portsmouth permits only one organization per Friday/Saturday.

Also, each organization is responsible for contacting each and every business location for permission to conduct Tagging on that property.

SIGNATURE OF APPLICANT: _____ DATE: _____
(duly authorized)

** DATE OF RAFFLE DRAWING: _____

LOCATION OF RAFFLE DRAWING: _____

PRIZES TO BE AWARDED: _____

COST OF TICKET: _____ VALUE OF PRIZE: _____

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

SIGNATURE OF APPLICANT: _____ DATE: _____
(duly authorized)

Official use:

LICENSE NO ISSUED: _____ Date Issued: _____ FEE: \$ _____ Paid: Cash or Check # _____