

Return to:
 State of New Hampshire, Bureau of General Services
 25 Capitol Street, Room 408 PH: 603-271-3148 FX: 603-271-1113

Date of Application:

**STATE OF NEW HAMPSHIRE APPLICATION FOR PERMIT
 DEMONSTRATION / ACTIVITY**

CONTACT INFORMATION:

Organization Name:	<input type="text"/>	Phone Number:	<input type="text"/>
Address:	<input type="text"/>	City/State/Zip:	<input type="text"/>
PRIMARY person in Charge of Demonstration/Activity:	<input type="text"/>	Email:	<input type="text"/>
	<input type="text"/>	Phone Number:	<input type="text"/>
	Address:	City/State/Zip:	<input type="text"/>
Name of ALTERNATE Contact Person	<input type="text"/>	Email:	<input type="text"/>
	<input type="text"/>	Phone Number:	<input type="text"/>
	Address:	City/State/Zip:	<input type="text"/>

DEMONSTRATION INFORMATION:

Type of Demonstration/Activity:	<input type="text"/>
Purpose of Demonstration/Activity:	<input type="text"/>

Proposed Dates(s) From:	<input type="text"/>	To:	<input type="text"/>
Proposed Hours From:	<input type="text"/>	To:	<input type="text"/>

Indicate number of persons expected:

Participants:	<input type="text"/>	Spectators:	<input type="text"/>
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List special equipment to be used:	<input type="text"/>
Specific location where event is to be held:	<input type="text"/>

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT AND THAT I AGREE TO THE TERMS AND CONDITIONS LOCATED ON THE POLICY FOR DEMONSTRATION/EVENTS PAGE.

Signature:	<input type="text"/>
Name (print or type):	<input type="text"/>
Title or position in Organization:	<input type="text"/>

Date Authorized:	<input type="text"/>
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Administrator, Bureau of General Services	<input type="text"/>
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**** Submit five (5) working days prior to proposed event to allow for processing of the application.**
 If access to the State House or Legislative Office Building is requested, this application will be forwarded to the appropriate Legislative office for further approval. Additional time for processing may be required.
 If demonstration/activity is to extend beyond state property, a separate permit must be obtained thru the City of Concord, Code Enforcement, Health Services Division, City Hall - 41 Green Street, Concord, NH 03301. PH: (603)225-8580

**THIS PERMIT MAY BE REVOKED FOR JUST CAUSE AT ANY TIME.
 THE GRANTING OF A PERMIT BY THE STATE OF NEW HAMPSHIRE TO USE THIS AREA FOR DEMONSTRATION OR
 ACTIVITY INDICATES NEITHER ENDORSEMENT NOR SUPPORT BY THE STATE OF THE VIEWS OR RELIGIOUS BELIEFS OF
 THE ORGANIZATION SPONSORING THE DEMONSTRATION OR ACTIVITY.**