CITY OF BERLIN
APPLICATION FOR PERMIT
CITY CLERK'S OFFICE, 168 MAIN STREET, BERLIN, NH 03570
Tel: 603-752-2340 Fax: 603-752-1654
cityclerk@berlinnh.gov

RAFFLE *_____ PARADE **_____ EVENT **_____ ROAD TOLL ***_____

*NOTICE TO RAFFLE PERMIT APPLICANTS: Please be advised the City of Berlin will verify that your organization is in compliance with the regulations of NH 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 be expedited.

**NOTE: ALL REQUESTS FOR PARADE PERMITS AND EVENTS MUST HAVE A PARADE ROUTE APPROVED BY THE POLICE DEPARTMENT BEFORE GOING ON THE CITY COUNCIL AGENDA.

***NOTE: SOLICITING DONATIONS IS PROHIBITED FROM THE ROADWAY WITHOUT AN APPROVED ROAD TOLL PERMIT.

Fill In completely and return to the City Clerk ***NO LATER THAN 30 DAYS PRIOR TO EVENT***

Organization Name:_____

Federal Tax ID number for Organization:_____

Nature of Organization: Religious, Educational, Charitable, Civic, Sports, Veterans, Fraternal or Political

Contact Person:_____Day Time Phone:_____

Address:_____Email Address:_____

Purpose for Permit:_____

Date of Event: _____Specific Time:_____

Location of Event:_____

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(Raffle permit only)
Prizes to be Awarded:_____

Amount of Donation:_____ Date of Drawing:_____ Specific Time:_____

Place of Drawing: _____

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT. I UNDERSTAND THAT THIS PERMIT IS ISSUED BY THE CITY CLERK PER THE PROVISIONS OF RSA 287-A, RSA 31:91 AND/OR RSA 286 AND THE ORGANIZATION I REPRESENT AGREES TO ABIDE BY SAME. FINALLY, THE UNDERSIGNED ORGANIZATION, BY SIGNING THIS APPLICATION, DOES HEREBY INDEMNIFY, SAVE AND HOLD THE CITY OF BERLIN AND ALL ITS AGENTS, EMPLOYEES, REPRESENTATIVES AND OFFICIALS FOREVER FREE AND HARMLESS OF AND FROM ANY AND ALL LOSS, COST, DEBT, DAMAGE, CLAIM AND EXPENSE OF EVERY NAME, NATURE AND KIND WHICH MAY ARISE INCLUDING ATTORNEYS' FEES AND COSTS FROM ORGANIZATION'S CARRYING OUT SUCH PARADE, EVENT OR ROAD TOLL.

Organization:_____

By:_____Date:_____
Its Legally Authorized Representative