



CITY OF LEBANON
Application for License

SOLICITATION OF FUNDS

Submit to: manager@lebanonnh.gov 603-448-4220

BUSINESS NAME:

CONTACT PERSON:

ADDRESS:

PHONE:

EMAIL:

Solicitation of Funds

Charitable Organization:

Date(s) of Solicitation: Start Date:

End Date:

Location(s):

FOR OFFICE USE ONLY

DATE RECEIVED:

LICENSE #

FINAL APPROVAL:

CITY MANAGER:

Date: