

NEW HAMPSHIRE BUREAU OF VISITOR SERVICES WELCOME AND INFORMATION CENTER BROCHURE PROGRAM APPLICATION

Please complete this application and return to the NH Bureau of Visitor Services (BVS), with a copy of the brochure. An application is required for each brochure. Please note that until an approval letter is received, whether new or renewal, distribution of the brochure is not to commence. Please allow for a 30 day window of review and notification of approval/denial.

Please select an option:	
NEW PUBLICATION	
SHORT TERM EVENTS P	UBLICATION (see specific criteria in program guidelines)
RENEWAL – Automatic	
ensure your uninterrupted presence register each client at the end of the out". Automatic renewals allows for	New Hampshire Brochure Program, and we recognize you rely on us to e in our Centers. Therefore, we will begin automatic renewals and will reeir approval year unless you inform us in writing that you wish to "opt racontinued presence in our Centers as each registration year the program guidelines for full details.
Name of Brochure:	
Contact Person:	
Submitting Organization:	
Type of Organization:	
Tourism Region:	
Mailing Address:	
City/State/Zip Code:	
Phone #	
Email:	
Website:	
<u>Distribution Vendor</u> : Smiley Publishing (dba	e summer or winter version? Yes No
If yes, what is the name	of the brochure?
What are the months th	nat each brochure will be displayed?

SAFETY REST AREA/WELCOME AND INFORMATION CENTER SELECTION

Please mark the Safety Rest Area you would like your brochure to be displayed in.

Welcome and Information Centers (WIC)							
Canterbury		Intervale**		Sanbornton			
Colebrook		Lebanon		Seabrook			
Hooksett North*		Littleton		Springfield			
Hooksett South*		Salem		Sutton	N/A		

Sutton N/A Temporarily Closed

New Applicants - Please Note: If publication is not currently approved to be in Hooksett, please contact BVS for availability before sending rack fee payment in.

space is not available in Hooksett, would you like to be put on the waiting list and be notified when						
available.	YES		NO			
Publication Size:						
	SINGLE (max of 4"x 9")		DOUBLE (4"x9" - 8"x11")			
Business Type:						
	For Profit		501(c)6 Business Organization/NH Non-Profit			
	State Agency (no rack fee)		(c)3 Non-Profit			
BVS BROCHURE	PROGRAM RACK FEES					

Prices listed below reflect the fee per center for one year. Please note: The Hooksett centers have separate pricing and do not vary by business type.

For example: A For-Profit with a single-size brochure seeking distribution in 5 WIC's excluding Hooksett (5 centers x \$20.00) totals \$100.00 in annual rack fees.

Rack Fee Calculation									
	SINGLE SIZE Brochures				DOUBLE Size Brochures			nures	
Business Type	# of		Cost	TOTAL		# of		Cost	TOTAL
For Profit	Centers		Cost	IOIAL		Centers		Cost	IOIAL
# of WICs (Excluding Hooksett)		Х	\$20.00				х	\$40.00	
Hooksett North		Х	\$30.00				х	\$60.00	
Hooksett South		х	\$30.00				х	\$60.00	
Business Org & 501(C)6									
# of WICs (Excluding Hooksett)		Х	\$10.00				х	\$20.00	
Hooksett North		х	\$30.00				х	\$60.00	
Hooksett South		Х	\$30.00				х	\$60.00	
Non-Profit 501(C)3									
# of WICs (Excluding Hooksett)		Х	\$5.00				х	\$10.00	
Hooksett North		Х	\$30.00				х	\$60.00	_
Hooksett South		Х	\$30.00				х	\$60.00	
	GRAND TOTAL				GRAND TOTAL				

^{**}Multiply the # of centers by cost (reflect in total); calculate the total for all centers in Grand Total box.

^{*}Premium pricing on these centers.

^{**}Formerly North Conway

^{***}No Cost to State Agencies.

MAILING CHECK LIST:

1. Complete application (including signatures)

SIGNATURE:

- 2. Enclose one copy of the publication (if seasonal, please provide each brochure when available)
- 3. Provide Non-Profit Status Documentation (if applicable)
- 4. Include a check for Rack Fee Payment, payable to: Treasurer State of NH (renewals only)
- 5. Mail all items to:

BEA- Bureau of Visitor Services Attn: SRA/WIC Brochure Program Administrator 100 North Main Street, Suite 100 Concord, NH 03301

I have read and understand the policies written above and agree to abide by the requirements of the	program.

DATE: _____

Should you have any questions, please contact us at brochures@livefree.nh.gov

**OFFICIA	Rev 1.2023	
Date of Approval:	Amount Paid:	Fee Invoiced:
Approved by:	Check #:	Approval Exp: