



Application for Business Library Card

175 Parrott Avenue, Portsmouth, NH 03801 (603) 427-1540

Business Name: _____

Mailing Address: _____

Business Phone Number: (_____) _____

Business email: _____ Check to receive monthly email newsletter

Name of Owner/CEO: _____

Home address of Owner/CEO: _____

Owner/CEO Personal Phone Number: (_____) _____

Owner/CEO Signature: _____

Check to receive text notifications **Phone Number:** (_____) _____
(Message and data rates may apply)

Provider: AT&T Sprint T-Mobile Verizon Xfinity

Presented the following proof of current business presence:

____ Lease ____ Tax Invoice ____ NH Business Lookup

Check to receive monthly email newsletter

The following guidelines apply to business cards:

- To apply for, or renew a business card, the owner or Chief Executive Officer must present a completed Business card application along with accepted proof of business presence in Portsmouth to the Circulation Desk in the library.
- Persons wishing to borrow materials using the business card must have it with them.
- The owner/CEO accepts full financial responsibility for all fines and fees accrued.
- Cards are issued for two years and are considered void if the business leaves the city.
- Changes in location or phone number must be updated at the Circulation Desk
- Any person presenting the card may borrow materials at the library. As with individual cards, the cardholder is responsible for all materials taken out on the card until the date the card is reported lost.
- Report a lost card immediately.
- A lost card may be replaced for a \$1.00 fee.

24518000 _ _ _ _ _ Staff Initials _____ Date _____

DATE: _____

LIBRARY CARD APPLICATION - CHILD/YOUTH

I apply for the right to use the Portsmouth Public Library and comply with all the Library's rules and regulations. I agree to give the Library immediate notice of any change of address. I also understand that violation of the Library's rules and regulations could subject me to legal action.

PLEASE PRINT CLEARLY

Applicant's Name: _____
(Last) (First) (Middle Initial) **Pronouns:** _____
(She/Hers, He/His, They/Theirs, etc.)

Mailing Address: _____
(INCLUDE APT #) (Street) (apt #) (City) (State, ZIP)

Residential Address: _____
(If different than mailing) (Street) (City) (State, ZIP)

Phone Number: (_____) (_____) **Cell Number:** (_____) (_____)
(primary) (if different from primary)

Check to receive text notifications Provider: AT&T Sprint T-Mobile Verizon Xfinity
(Message and data rates may apply)

Email: _____ **Secondary Email:** _____
(school/work) (personal or parent/guardian)

Check to receive monthly email newsletter

Birth Date: _____ **Parent or Guardian:** _____
(mm-dd-yyyy) (Please PRINT name)

School: _____

DATE: _____

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(Message and data rates may apply)

Email: _____ **Secondary Email:** _____
(school/work) (personal or parent/guardian)

Check to receive monthly email newsletter

Birth Date: _____ **Parent or Guardian:** _____
(mm-dd-yyyy) (Please PRINT name)

School: _____

Expiration Date: _____ Staff Initials: _____ 24518000 _____

CATEGORY: Resident Child Non-Resident Child
(Circle one) Resident Youth Non-Resident Youth Temp

SORT 1: Resident Waived Temp
(Circle one)

SORT 2: Dondero Middle School Resident
(Circle one) Little Harbor High School Crossroads
New Franklin Lister Haven
St. Patrick's Chase Home

CITY: _____

RESIDENCY PROOF:

(Circle one)

Parent Card School List School ID Class Visit Other

Expiration Date: _____ Staff Initials: _____ 24518000 _____

CATEGORY: Resident Child Non-Resident Child
(Circle one) Resident Youth Non-Resident Youth Temp

SORT 1: Resident Waived Temp
(Circle one)

SORT 2: Dondero Middle School Resident
(Circle one) Little Harbor High School Crossroads
New Franklin Lister Haven
St. Patrick's Chase Home

CITY: _____

RESIDENCY PROOF:

(Circle one)

Parent Card School List School ID Class Visit Other

DATE: _____

LIBRARY CARD APPLICATION - NON-RESIDENT

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Phone Number: (_____) _____ **Cell Number:** (_____) _____
(primary) (if different from primary)

Check to receive text notifications Provider: AT&T Sprint T-Mobile Verizon Xfinity
(Message and data rates may apply)

Email: _____ Check to receive monthly email newsletter

Authorized Users: _____
(Family members living in applicant's home)

DATE: _____

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Email: _____ Check to receive monthly email newsletter

Authorized Users: _____
(Family members living in applicant's home)

Expiration Date: _____ Staff Initials: _____ 24518000 _____

CATEGORY: Non-Resident Adult Non-Resident Child
(Circle one) Non-Resident Youth

Sort 1: Paid Waived
(Circle one)

PAID Amount: _____ PAID by: Cash Check (number: _____)
(Circle one) Credit Card
Cart #: _____

Sort 2: Non-Resident City Employee Property Owner Teacher
(Circle one)

RESIDENCY PROOF:
(Circle one)

Photo ID Bank Statement Lease Postcard Official Letter
Utility Bill Credit Card Bill Tax Bill Auto Registration

Alternate/ID Name: _____

Expiration Date: _____ Staff Initials: _____ 24518000 _____

CATEGORY: Non-Resident Adult Non-Resident Child
(Circle one) Non-Resident Youth

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(Circle one)

PAID Amount: _____ PAID by: Cash Check (number: _____)
(Circle one) Credit Card
Cart #: _____

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RESIDENCY PROOF:
(Circle one)

Photo ID Bank Statement Lease Postcard Official Letter
Utility Bill Credit Card Bill Tax Bill Auto Registration

Alternate/ID Name: _____

DATE: _____

LIBRARY CARD APPLICATION - RESIDENT ADULT

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Phone Number: (_____) _____ **Cell Number:** (_____) _____
(primary) (if different from primary)

Check to receive text notifications Provider: AT&T Sprint T-Mobile Verizon Xfinity
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Email: _____ Check to receive monthly email newsletter

DATE: _____

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Residential Address: _____
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Phone Number: (_____) _____ **Cell Number:** (_____) _____
(primary) (if different from primary)

Check to receive text notifications Provider: AT&T Sprint T-Mobile Verizon Xfinity
(Message and data rates may apply)

Email: _____ Check to receive monthly email newsletter

Expiration Date: _____ Staff Initials: _____ 24518000 _____

Sort 1: Resident Temp
(Circle one)

Sort 2: Resident High School Crossroads
(Circle one) Lister Haven
Chase Home Strawberry Banke

RESIDENCY PROOF:
(Circle one)

Photo ID Bank Statement Lease Tax Bill Official Letter
Utility Bill Credit Card Bill Auto Registration Postcard

Alternate/ID Name: _____

Expiration Date: _____ Staff Initials: _____ 24518000 _____

Sort 1: Resident Temp
(Circle one)

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(Circle one) Lister Haven
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RESIDENCY PROOF:
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Photo ID Bank Statement Lease Tax Bill Official Letter
Utility Bill Credit Card Bill Auto Registration Postcard

Alternate/ID Name: _____