

STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 License Services/Charitable Games
 165 Capitol Avenue
 Hartford, CT 06106
 Email: DCP.GamingCharitable@CT.gov
 Web site: www.ct.gov/dcp



APPLICATION FOR A PERMIT TO
 CONDUCT A BAZAAR OR RAFFLE
 CGR-2 REV. 06/11

INSTRUCTIONS:

1. A ranking officer of the sponsoring organization must fill out this form in duplicate. The completed form shall be submitted to the Chief of Police/First Selectman of the municipality where the bazaar/raffle is to be held at least ten business days prior to such bazaar/raffle.
2. The Chief of Police/First Selectman shall forward the original copy to the Department of Consumer Protection, 165 Capitol Ave., Hartford, CT 06106, at least five business days prior to the effective date of the bazaar or raffle.

ORGANIZATION IDENTIFICATION NUMBER	TYPE AND CLASS OF PERMIT DESIRED	PERMIT NUMBER (To Be Assigned By Consumer Protection)	
NAME OF SPONSORING ORGANIZATION			TELEPHONE NUMBER
ADDRESS OF SPONSORING ORGANIZATION (No. and Street)	(City or Town)	(State)	(Zip Code)
MAILING ADDRESS (No. and Street)	(City or Town)	(State)	(Zip Code)

CHECK ORGANIZATION CATEGORY (Check only ONE)

- | | |
|---|---|
| <p>1 <input type="checkbox"/> An educational or charitable organization</p> <p>2 <input type="checkbox"/> A civic, service or social club</p> <p>3 <input type="checkbox"/> A fraternal or fraternal benefit society</p> <p>4 <input type="checkbox"/> A church or religious organization</p> | <p>5 <input type="checkbox"/> An officially recognized organization or association of veterans of any war in which the U.S. was engaged</p> <p>6 <input type="checkbox"/> An officially recognized volunteer fire company</p> <p>7 <input type="checkbox"/> A political party or town committee of the municipality in which the bazaar or raffle is to be held</p> |
|---|---|

IS ORGANIZATION NONPROFIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, attach a copy of the determination letter from the IRS confirming the organization's exempt status.	Has organization been functioning as a nonprofit in the municipality in which the permit is requested for at least six months? <input type="checkbox"/> YES <input type="checkbox"/> NO
Under which section of the Tax Exempt Status Code of the IRS is this organization recognized?	What is the sponsoring organization's IRS Employer Identification Number?	DATE ORGANIZED OR INCORPORATED

LIST OF OFFICERS OF SPONSORING ORGANIZATION

TITLE	NAME <small>(First, Middle, Last)</small>	ADDRESS <small>(No., Street, City or Town, State, Zip)</small>	DATE OF BIRTH <small>(Mo., Day, Yr.)</small>

RAFFLE

GIVE THE DATES AND TIME WHEN THE RAFFLE IS TO BE CONDUCTED

COMMENCING DATE:	TERMINATING DATE:	TIME OF DRAWING:	A.M. <input type="checkbox"/>	P.M. <input type="checkbox"/>
PLACE WHERE DRAWING IS TO BE HELD (Name of Place)	(No. and Street)	(City or Town)	(State)	(Zip Code)

Is the container owned absolutely by the sponsoring organization? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO: Container is To Be <input type="checkbox"/> Rented <input type="checkbox"/> Borrowed	CONTAINER RENTAL FEE PAID \$
FROM WHOM IS THE CONTAINER TO BE OBTAINED? (Name)	(No. and Street) (City or Town) (State) (Zip Code)	DEALER REGISTRATION NUMBER

NUMBER OF TICKETS TO BE PRINTED	UNIT PRICE OF TICKETS TO BE SOLD	DESCRIBE THE KIND OF RAFFLE TO BE CONDUCTED
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BAZAAR

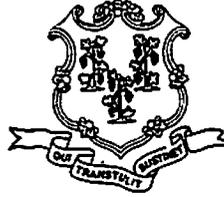
GIVE THE DATE(S) AND TIME(S) FOR EACH DAY THE BAZAAR IS TO BE CONDUCTED

PLACE WHERE THE BAZAAR IS TO BE CONDUCTED (Name of Place)	(No. and Street)	(City or Town)	(State)	(Zip Code)
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NUMBER OF GAMES OF CHANCE TO BE USED	DESCRIBE THE KIND OF BAZAAR TO BE CONDUCTED
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Is the equipment owned absolutely by the sponsoring organization? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO: Equipment is To Be <input type="checkbox"/> Rented <input type="checkbox"/> Borrowed	EQUIPMENT RENTAL FEE PAID \$
FROM WHOM ARE THE GAMES OF CHANCE TO BE OBTAINED? (No. and Street)	(City or Town) (State) (Zip Code)	DEALER REGISTRATION NUMBER

STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 License Services/Charitable Games
 165 Capitol Avenue
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STATEMENT OF ACTIVE MEMBERS
 CGR-2A REV. 06/11

Date: _____

STATEMENT OF ACTIVE MEMBERS DESIGNATED BY SPONSORING ORGANIZATION UNDER WHOM THE BAZAAR OR RAFFLE IS TO BE HELD, OPERATED OR CONDUCTED

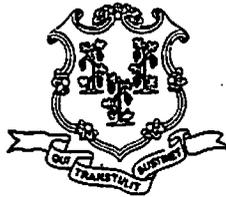
We, the undersigned, do hereby EACH make the following statement under the penalty of False Statement with respect to the foregoing application:

1. I am an elector in the () town () city () borough of _____, in which the bazaar or raffle permit is sought.
2. I am a bonafide active member of the sponsoring organization making this application to conduct a bazaar or raffle, and all statements contained in this application are true to the best of my knowledge and belief.
3. I will be responsible for the holding, operation and conduct of such bazaar or raffle in accordance with the terms of the permit, the provisions of the Act, and regulations of the Commissioner of the Department of Consumer Protection.
4. I have never been convicted of a felony.
5. I am familiar with the provisions of the Act which PROHIBIT:
 - a. The giving of cash prizes, except with an approved "fifty-fifty" coupon game, or a "Class No. 1", "Class No. 2" or "Class No. 4" traditional, cow-chip, duck-race or frog-race raffle permit.
 - b. The giving as prizes, alcoholic liquor.
 - c. The giving of prizes redeemable for cash.
 - d. The paying of commission, salary, compensation, reward or recompense, directly or indirectly, to any person holding, operating, conducting or assisting therein in the operation of a bazaar or raffle.
 - e. The advertising of a bazaar or raffle as to location, time when it is to be held, or has been held, or prizes awarded or to be awarded, by means of television, sound truck or billboard.
 - f. The erection at the location of the bazaar or raffle of more than one sign, which shall be no larger than 12 square feet.
 - g. The promotion or operation of a bazaar or raffle by other than duly qualified members of the sponsoring organization.
 - h. The giving of pay to any member for his time or effort in connection with a bazaar or raffle.
 - i. The promotion, conduct or operation of a bazaar or raffle by a person under the age of 18 or the permitting of same by the sponsoring organization.
 - j. The selling or promoting of the sale of raffle tickets by persons under the age of 16 years, or the permitting of the same by the sponsoring organization.
 - k. The use of funds derived from the bazaar or raffle for purposes other than as stated in this application.
 - l. The paying of any monies except in reasonable amounts for goods, wares and merchandise furnished or services rendered which are necessary for the operation of a bazaar or raffle.
6. I am familiar with the provisions of the Act which:
 - a. Provide that each raffle ticket shall have printed thereon the time, date and place of the raffle, the three most valuable prizes to be awarded and the total number of prizes to be awarded.
 - b. Require all proceeds from cash prize raffles to be deposited in a special checking account established and maintained by the sponsoring organization, and all raffle expenses and cash prizes awarded shall be paid from such account.
 - c. Require all proceeds from special tuition raffles to be deposited in a dedicated bank account approved by the Commissioner of Consumer Protection, and all raffle expenses shall be paid from such account.
 - d. Make mandatory the immediate revocation of a permit to conduct a bazaar or raffle for a violation of the provisions of the Bazaar or Raffle Act, and which provide that an organization whose permit has been revoked for a violation shall not be granted another permit for a period of three years.
 - e. Provide a fine of not more than one thousand dollars or imprisonment for not more than one year or both for a violation of the Act.

PRINTED NAMES AND SIGNATURES OF DESIGNATED ACTIVE MEMBERS:

NAME (Please print) 1.	NAME (Please print) 2.	NAME (Please print) 3.
SIGNATURE OF DESIGNATED ACTIVE MEMBER NO. 1	SIGNATURE OF DESIGNATED ACTIVE MEMBER NO. 2	SIGNATURE OF DESIGNATED ACTIVE MEMBER NO. 3
APPLICATION IS HEREBY <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	DATE (Mo., Day, Yr.)	SIGNATURE OF CHIEF OF POLICE OR FIRST SELECTMAN

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**BAZAAR ACTIVITY/
 WORKER SHEET**
 CGR-2B REV. 07/11

INSTRUCTIONS

1. Print or type. Prepare in duplicate.
2. One copy is to be retained by the municipality. The Chief of Police/First Selectman must mail the completed form to the Department of Consumer Protection, 165 Capitol Ave., Hartford, CT 06106.

TO: DEPARTMENT OF CONSUMER PROTECTION	PERMIT NUMBER <i>(To Be Assigned By Department of Consumer Protection)</i>
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NAME OF SPONSORING ORGANIZATION <i>(No. and Street)</i>	<i>(City or Town)</i>	<i>(State)</i>	<i>(Zip Code)</i>
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GAMES OF CHANCE TO BE OPERATED

TYPE	NUMBER TO BE OPERATED	DESCRIPTION <i>(explain how the game is played and list the type of prizes to be awarded)</i>
BLOWER BALL GAME (cash prizes up to \$50 per wager or merchandise prizes)		
CAGE BALL GAME (merchandise prizes)		
"FIFTY-FIFTY" COUPON GAME (single cash prize of 50% of proceeds)		
TEACUP RAFFLE (merchandise prizes or gift certificates)		
OTHER GAMES OF CHANCE (merchandise prizes)		
TOTAL NUMBER TO BE OPERATED:		TOTAL NUMBER OF MEMBERS OPERATING GAMES OF CHANCE EQUIPMENT:

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 DEPARTMENT OF CONSUMER PROTECTION
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APPLICATION FOR A PERMIT TO
 CONDUCT A BAZAAR OR RAFFLE
 CGR-2 REV. 06/11

SAMPLE

INSTRUCTIONS:

1. A ranking officer of the sponsoring organization must fill out this form in duplicate. The completed form shall be submitted to the Chief of Police/First Selectman of the municipality where the bazaar/raffle is to be held at least ten business days prior to such bazaar/raffle.
2. The Chief of Police/First Selectman shall forward the original copy to the Department of Consumer Protection, 165 Capitol Ave., Hartford, CT 06106, at least five business days prior to the effective date of the bazaar or raffle.

ORGANIZATION IDENTIFICATION NUMBER 1700005	TYPE AND CLASS OF PERMIT DESIRED Class No. 3 Bazaar	PERMIT NUMBER (To Be Assigned By Consumer Protection)	
NAME OF SPONSORING ORGANIZATION St. John's Church - Men's Club		TELEPHONE NUMBER 860 555-1000	
ADDRESS OF SPONSORING ORGANIZATION (No. and Street) (City or Town) (State) (Zip Code) 263 Cedar Mountain Road, Anytown CT 06000			
MAILING ADDRESS (No. and Street) (City or Town) (State) (Zip Code) c/o William Couto, 263 Cedar Mountain Road Anytown CT 06000			

CHECK ORGANIZATION CATEGORY (Check only ONE)

- | | |
|--|--|
| <input type="checkbox"/> 1 An educational or charitable organization | <input type="checkbox"/> 5 An officially recognized organization or association of veterans of any war in which the U.S. was engaged |
| <input type="checkbox"/> 2 A civic, service or social club | <input type="checkbox"/> 6 An officially recognized volunteer fire company |
| <input type="checkbox"/> 3 A fraternal or fraternal benefit society | <input type="checkbox"/> 7 A political party or town committee of the municipality in which the bazaar or raffle is to be held |
| <input checked="" type="checkbox"/> 4 A church or religious organization | |

IS ORGANIZATION NONPROFIT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If yes, attach a copy of the determination letter from the IRS confirming the organization's exempt status.	Has organization been functioning as a nonprofit in the municipality in which the permit is requested for at least six months? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Under which section of the Tax Exempt Status Code of the IRS is this organization recognized? 501 (c) (3)	What is the sponsoring organization's IRS Employer Identification Number? 06-1122334	DATE ORGANIZED OR INCORPORATED June 20, 1965

LIST OF OFFICERS OF SPONSORING ORGANIZATION

TITLE	NAME (First, Middle, Last)	ADDRESS (No., Street, City or Town, State, Zip)	DATE OF BIRTH (Mo., Day, Yr.)
President	William Couto	30 Marlborough St., Anytown, CT 06000	07/16/30
Vice-President	Trevor Smith	19 Eagle Drive, Anytown, CT 06000	08/27/35
Treasurer	Edward McDonald	105 Townsend Lane, Anywhere, CT 06002	09/24/44

RAFFLE

GIVE THE DATES AND TIME WHEN THE RAFFLE IS TO BE CONDUCTED

COMMENCING DATE: N/A	TERMINATING DATE: N/A	TIME OF DRAWING: _____ A.M. _____ P.M.
PLACE WHERE DRAWING IS TO BE HELD (Name of Place)	(No. and Street)	(City or Town) (State) (Zip Code)

Is the container owned absolutely by the sponsoring organization? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO: Container Is To Be <input type="checkbox"/> Rented <input type="checkbox"/> Borrowed	CONTAINER RENTAL FEE PAID \$ N/A
FROM WHOM IS THE CONTAINER TO BE OBTAINED? (Name)	(No. and Street) (City or Town) (State) (Zip Code)	DEALER REGISTRATION NUMBER N/A

NUMBER OF TICKETS TO BE PRINTED N/A	UNIT PRICE OF TICKETS TO BE SOLD N/A	DESCRIBE THE KIND OF RAFFLE TO BE CONDUCTED N/A
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BAZAAR

GIVE THE DATE(S) AND TIME(S) FOR EACH DAY THE BAZAAR IS TO BE CONDUCTED

May 23, 2012- 6:00 pm to 10:00 pm, May 24, 2012 - 6:00 pm - 10:30 pm, May 25, 2012 5:00 pm to 11:00 pm

PLACE WHERE THE BAZAAR IS TO BE CONDUCTED (Name of Place)	(No. and Street)	(City or Town)	(State)	(Zip Code)
St. John's Church grounds	263 Cedar Mountain Rd	Anytown	CT	06000

NUMBER OF GAMES OF CHANCE TO BE USED Total of 5	DESCRIBE THE KIND OF BAZAAR TO BE CONDUCTED Merchandise and cash prizes to be awarded to winners through means of chance
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Is the equipment owned absolutely by the sponsoring organization? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF NO: Equipment Is To Be <input checked="" type="checkbox"/> Rented <input type="checkbox"/> Borrowed	EQUIPMENT RENTAL FEE PAID \$ 450.00
FROM WHOM ARE THE GAMES OF CHANCE TO BE OBTAINED? (No. and Street)	(City or Town) (State) (Zip Code)	DEALER REGISTRATION NUMBER
Registered Equipment Dealer Company, 7 Hope Street, Anytown	CT 06000	9990111-12BRD

List the items of expense intended to be incurred or paid in connection with the holding, operating and conducting of such bazaar/raffle and the names and addresses of the persons to whom, and the purposes for which, they are to be paid.

EXPENSE	(Name)	(No. and Street)	(City or Town)	(State)	PURPOSE
\$ 30.00	Town of Anytown,	Cedar Street,	Anytown	CT 06000	Permit fee
\$ 30.00	Department of Consumer Protection,	555 Russell Rd,	Newington,	CT 06111-1523	Permit fee
\$ 450.00	Registered Equipment Dealer Company,	7 Hope Street,	Anytown	CT 06000	Equipment rental fee
\$ 300.00	Registered Equipment Dealer Company,	7 Hope Street,	Anytown	CT 06000	Plush prizes
\$ 29.99	Anytown Department Store,	963 New Britain Avenue,	Next-town	CT 06001	Discman
\$ 27.89	Anytown Department Store,	963 New Britain Avenue,	Next-town	CT 06001	Dustbuster
\$ 45.00	Fran's Party Shop,	37 Sunset Boulevard,	Anywhere	CT 06002	50/50 & teacup tkts
\$ 40.00	Registered Equipment Dealer Company,	7 Hope Street,	Anytown,	CT 06000	Jar game tickets

Separately list in detail all items offered as prizes in connection with such Bazaar/Raffle, indicate whether or not the items were donated, list the price to be paid by the organization or the retail value of any prize donated, and the names and addresses of persons from whom the items were purchased or by whom donated.

MERCHANDISE	DONATED YES/NO	RETAIL VALUE	AMT. PAID BY ORG.	(Name)	(No. and Street)	(City or Town)	(State)
Plush Items	No	-	300.00	Registered Equipment Dealer Company,	7 Hope Street,	Anytown,	CT 06000
Baked Goods	Yes	200.00	-	Various Parishioners: Eva Stevens,	10 Jolly Dr.	Anytown,	CT 06000
				Nancy Richards,	99 Pheasant Drive,	Anytown,	CT 06000
				Betty Brown,	62 Pond Lane,	Apt. 3, Anytown,	CT 06000
Lamp	Yes	75.00	-	Charles Cicone,	102 Kettle Street,	Anytown,	CT 06000
Handmade Afghan	Yes	55.00	-	Lillian Turgeon,	71 Maple Street,	Anytown,	CT 06000
AM/FM clock radio	Yes	25.00	-	Frederick Smith,	27 Spruce Drive,	Anytown,	CT 06000
Blender	Yes	30.00	-	Susan Petrizullo,	195 Main Street,	Anywhere,	CT 06002
Discman	No	-	29.99	Anytown, Dept. Store,	963 New Britain Ave,	Next-town,	CT 06001
Dustbuster	No	-	27.89	Anytown, Dept. Store,	963 New Britain Ave,	Next-town,	CT 06001
Electric Drill	Yes	50.00	-	Gail Sinopoli,	45 Redding Avenue,	Anytown,	CT 06000
Framed Picture	Yes	54.40		Steven Roy,	12 Hickory Street,	Anytown,	CT 06000

State the specific purpose to which the entire net proceeds of such bazaar/raffle are to be devoted and in what manner:

The net proceeds will be used to help balance St. John's Catholic School's budget.

Give the names and home addresses of three active members of the sponsoring organization under whom the bazaar/raffle is to be conducted. These individuals will affix their signature to form CGR-2A. The three active members must be electors in the city or town in which the permit is sought.

NAME (First, Middle, Last) Brian Markow	DATE OF BIRTH (Mo., Day, Yr.) 06/17/59	ELECTOR IN CITY OR TOWN OF: ANYTOWN
ADDRESS (No. and Street) (City or Town) (State) (Zip Code) 33 Hall Street Anytown CT 06000	TELEPHONE NUMBER 860 555-9540	
NAME (First, Middle, Last) William Couto	DATE OF BIRTH (Mo., Day, Yr.) 07/16/30	ELECTOR IN CITY OR TOWN OF: ANYTOWN
ADDRESS (No. and Street) (City or Town) (State) (Zip Code) 30 Marlborough Street Anytown CT 06000	TELEPHONE NUMBER 860 555-1704	
NAME (First, Middle, Last) Leonard Rogers	DATE OF BIRTH (Mo., Day, Yr.) 04/07/54	ELECTOR IN CITY OR TOWN OF: ANYTOWN
ADDRESS (No. and Street) (City or Town) (State) (Zip Code) 127 Carriage Hill Drive Anytown CT 06000	TELEPHONE NUMBER 860 555-8650	
SIGNATURE OF RANKING OFFICER (Officer must be listed as such on front of form) Trevor Smith	TITLE OF RANKING OFFICER Vice-President	DATE (Mo., Day, Yr.) January 4, 2012
APPLICATION IS HEREBY <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	SIGNATURE OF CHIEF OF POLICE OR FIRST SELECTMAN John Doe, Chief of Police	CITY OR TOWN ANYTOWN
		DATE (Mo., Day, Yr.) January 6, 2012
Application for Bazaar or Raffle Permit is approved for issuance		



SAMPLE

Date: January 4, 2012

STATEMENT OF ACTIVE MEMBERS DESIGNATED BY SPONSORING ORGANIZATION UNDER WHOM THE BAZAAR OR RAFFLE IS TO BE HELD, OPERATED OR CONDUCTED

We, the undersigned, do hereby EACH make the following statement under the penalty of False Statement with respect to the foregoing application:

1. I am an elector in the () town () city () borough of Anytown, in which the bazaar or raffle permit is sought.
2. I am a bonafide active member of the sponsoring organization making this application to conduct a bazaar or raffle, and all statements contained in this application are true to the best of my knowledge and belief.
3. I will be responsible for the holding, operation and conduct of such bazaar or raffle in accordance with the terms of the permit, the provisions of the Act, and regulations of the Commissioner of the Department of Consumer Protection.
4. I have never been convicted of a felony.
5. I am familiar with the provisions of the Act which PROHIBIT:
 - a. The giving of cash prizes, except with an approved "fifty-fifty" coupon game, or a "Class No. 1", "Class No. 2" or "Class No. 4" traditional, cow-chip, duck-race or frog-race raffle permit.
 - b. The giving as prizes, alcoholic liquor.
 - c. The giving of prizes redeemable for cash.
 - d. The paying of commission, salary, compensation, reward or recompense, directly or indirectly, to any person holding, operating, conducting or assisting therein in the operation of a bazaar or raffle.
 - e. The advertising of a bazaar or raffle as to location, time when it is to be held, or has been held, or prizes awarded or to be awarded, by means of television, sound truck or billboard.
 - f. The erection at the location of the bazaar or raffle of more than one sign, which shall be no larger than 12 square feet.
 - g. The promotion or operation of a bazaar or raffle by other than duly qualified members of the sponsoring organization.
 - h. The giving of pay to any member for his time or effort in connection with a bazaar or raffle.
 - i. The promotion, conduct or operation of a bazaar or raffle by a person under the age of 18 or the permitting of same by the sponsoring organization.
 - j. The selling or promoting of the sale of raffle tickets by persons under the age of 16 years, or the permitting of the same by the sponsoring organization.
 - k. The use of funds derived from the bazaar or raffle for purposes other than as stated in this application.
 - l. The paying of any monies except in reasonable amounts for goods, wares and merchandise furnished or services rendered which are necessary for the operation of a bazaar or raffle.
6. I am familiar with the provisions of the Act which:
 - a. Provide that each raffle ticket shall have printed thereon the time, date and place of the raffle, the three most valuable prizes to be awarded and the total number of prizes to be awarded.
 - b. Require all proceeds from cash prize raffles to be deposited in a special checking account established and maintained by the sponsoring organization, and all raffle expenses and cash prizes awarded shall be paid from such account.
 - c. Require all proceeds from special tuition raffles to be deposited in a dedicated bank account approved by the Commissioner of Consumer Protection, and all raffle expenses shall be paid from such account.
 - d. Make mandatory the immediate revocation of a permit to conduct a bazaar or raffle for a violation of the provisions of the Bazaar or Raffle Act, and which provide that an organization whose permit has been revoked for a violation shall not be granted another permit for a period of three years.
 - e. Provide a fine of not more than one thousand dollars or imprisonment for not more than one year or both for a violation of the Act.

PRINTED NAMES AND SIGNATURES OF DESIGNATED ACTIVE MEMBERS:

NAME (Please print) 1. Brian Markow	NAME (Please print) 2. William Couto	NAME (Please print) 3. Leonard Rogers
SIGNATURE OF DESIGNATED ACTIVE MEMBER NO. 1 <i>Brian Markow</i>	SIGNATURE OF DESIGNATED ACTIVE MEMBER NO. 2 <i>William Couto</i>	SIGNATURE OF DESIGNATED ACTIVE MEMBER NO. 3 <i>Leonard Rogers</i>
APPLICATION IS HEREBY <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	DATE (Mo., Day, Yr.) January 4, 2012	SIGNATURE OF CHIEF OF POLICE OR FIRST SELECTMAN <i>John Doe, Chief of Police</i>

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BAZAAR ACTIVITY/
 WORKER SHEET
 CGR-2B REV. 08/12

SAMPLE

INSTRUCTIONS

1. Print or type. Prepare in duplicate.
2. One copy is to be retained by the municipality. The Chief of Police/First Selectman must mail the completed form to the Department of Consumer Protection, 165 Capitol Ave., Hartford, CT 06106.

TO: DEPARTMENT OF CONSUMER PROTECTION	PERMIT NUMBER (To Be Assigned By Department of Consumer Protection)
NAME OF SPONSORING ORGANIZATION (No. and Street)	(City or Town) (State) (Zip Code)
St. John's Church - Men's Club	

GAMES OF CHANCE TO BE OPERATED

TYPE	NUMBER TO BE OPERATED	DESCRIPTION (explain how the game is played and list the type of prizes to be awarded)
BLOWER BALL GAME (cash prizes up to \$50 per wager or merchandise prizes)	One (1)	Players place money on one of the numbers contained on the laydown.
		A number is then drawn which determines the winner of the prize.
		Awarding cash as prizes.
CAGE BALL GAME (merchandise prizes)	One (1)	Players place money on one of the numbers contained on the laydown.
		The cage will be filled with numbered balls. The cage will be spun and a numbered ball will be released which will determine the winner of the
		prize. Awarding baked goods as prizes.
"FIFTY-FIFTY" COUPON GAME (single cash prize of 50% of proceeds)	One (1)	A single coupon holder receives fifty percent of the "fifty-fifty" coupon
		game sales for each coupon drawing conducted. (Not to exceed
		three drawings per day).
TEACUP RAFFLE (merchandise prizes or gift certificates)	One (1)	A single drawing from each container will be conducted to determine the
		winners of the prizes.
		Awarding as prizes: a lamp, afghan, am/fm clock radio, blender, MP3 player
		electric drill, vacuum cleaner, and framed picture.
OTHER GAMES OF CHANCE (merchandise prizes)	One (1)	Finish Line Game-Each player throws a numbered cube and advances
		their miniature racecar the number shown on the cube. The player whose
		racecar crosses the finish line first is the winner. Awarding plush items
		as prizes.
TOTAL NUMBER TO BE OPERATED:	Five (5)	TOTAL NUMBER OF MEMBERS OPERATING GAMES OF CHANCE EQUIPMENT: Eighty (80)

****INSTRUCTIONS TO COMPLETE A BAZAAR APPLICATION****

Please complete each section on the Application for a Permit to Conduct a Bazaar or Raffle (CGR-2) form, the Statement of Active Members (CGR-2A) form, and the Bazaar Activity/Worker Sheet (CGR-2B) form. A step-by-step set of instructions is listed below in order to ensure proper completion of the forms. Please keep in mind that a bazaar event only encompasses games of chance and not games of skill.

APPLICATION FOR A PERMIT TO CONDUCT A BAZAAR OR RAFFLE (CGR-2)

1. Provide the seven (7) digit organization identification number previously assigned the sponsoring organization by the Department (if any).
 2. Specify the type and class of permit desired.
EXAMPLE: Class No. 3 Bazaar.
 3. Provide a complete name and address (number, street, city/town, state, zip) of the sponsoring organization.
 4. Provide a telephone number.
 5. Provide a complete mailing address (number, street, city/town, state, zip) of the sponsoring organization.
 6. Check one of the seven (7) categories that best suits your organization.
 7. Indicate if the organization is nonprofit and if the organization has been functioning as nonprofit in the municipality in which the permit is requested for at least six months.
Note: If the answer to these questions is yes, attach a copy of the determination letter from the IRS confirming the organization's exempt status.
 8. Answer the question "Under which section of the Tax Exempt Status Code of the IRS is this organization recognized?"
 9. Answer the question "What is the sponsoring organization's IRS Employer Identification Number?"
 10. Provide the date your organization was organized or incorporated.
 11. Provide the title, complete name (first, middle, last), complete home address (number, street, city/town, state, zip) and a complete date of birth (month, day, year) for each officer of the sponsoring organization.
- The section titled "Raffle" should be marked as not applicable (N/A) since this is an application for a Bazaar permit. Note: If an organization requires both a raffle permit and a bazaar permit, separate application forms must be filed.**
12. Provide the date(s) (month, day, year), along with the commencing time and terminating time (including a.m. or p.m.), for each day the bazaar is to be conducted.
 13. Provide a complete address of the place where the bazaar is to be held (name of place, number, street, city/town, state, zip).
 14. Provide the total number of games of chance to be used.

Sample Bazaar Application Instructions

15. Describe the kind of bazaar to be conducted. Depending upon the type of prizes to be awarded, descriptions of the kind of bazaar to be conducted would include *“Merchandise and cash prizes awarded through means of chance”*, *“Merchandise prizes awarded through means of chance”* or *“Cash prizes awarded through means of chance”*.
16. Indicate if the equipment is owned absolutely by the sponsoring organization and, if not, indicate if the equipment is to be rented or borrowed. If the equipment is to be rented, the equipment rental fee to be paid must be provided.
17. If the equipment is to be rented or borrowed, a complete name and address (name, number, street, city/town, state, zip) of the equipment dealer/organization from whom the equipment is to be obtained must be provided. If the equipment is to be rented, it must be rented from a Bazaar and Raffle Equipment Dealer that is registered with the Department of Consumer Protection, and the equipment rental fee paid and dealer’s registration number must be provided.
18. The expense section must be completed by listing the monetary cost of the expenses intended to be incurred or paid in connection with the holding, operating and conducting of the bazaar, **COMPLETE** names and addresses (number, street, city/town, state, zip) of the persons to whom the expenses are to be paid, and the purposes for which they are to be paid.

Note: Expenses such as the permit fees, equipment rental fee, 50/50 coupon game or teacup raffle tickets, and any prizes purchased by the organization must be listed as well.
19. The merchandise section must be completed by:
 - **SEPARATELY** listing all items of merchandise offered as prizes at the bazaar
 - indicating “Yes” or “No” as to whether or not the items of merchandise were donated
 - providing the retail value of all donated items
 - providing the amount paid for items purchased by the organization
 - providing a **COMPLETE** name and address (number, street, city/town, state, zip) from whom the items of merchandise were purchased or by whom donated
20. State the specific purpose to which the entire net proceeds of the bazaar are to be devoted and in what manner.
21. Give the complete name, complete home address (number, street, city/town, state, zip), date of birth (month, day, year), and telephone number for each of the three Designated Active Members, and provide the name of the city or town in which each is an elector.

Note: The three Designated Active Members **MUST** be electors in the city or town in which the permit is requested, and they must be at least eighteen years of age.
22. A ranking officer of the sponsoring organization must sign his/her name, provide his/her title, and date the form.

Note: Only individuals listed in the “List of Officers of Sponsoring Organization” section on this application are recognized as officers and may sign as a ranking officer.
23. This form will be approved or denied, dated and signed by the Chief of Police/First Selectman upon submittal of the form by your organization to the appropriate office.

STATEMENT OF ACTIVE MEMBERS (CGR-2A)

1. Provide the date the three Designated Active Members complete the form.
2. Indicate if the three Designated Active Members are electors in a town, city, or borough, and provide the name of the town, city or borough.
3. The three Designated Active Members listed on the CGR-2 application must read the information provided on the CGR-2A application, print their names in the designated areas, and affix their signatures to the form.
4. This form will be approved or denied, dated, and signed by the Chief of Police/First Selectman upon submittal of the form by your organization to the appropriate office.

ALLOWABLE BAZAAR PRIZES

All prizes given at a bazaar shall be **merchandise**. There is an exception, however, which provides for cash awards for **only** two specific types of bazaar games, which are the “fifty-fifty” coupon game and the blower ball cash game. Any organization conducting a bazaar may operate three “fifty-fifty” coupon drawings each day of a permitted bazaar event and may award cash prizes of fifty percent of “fifty-fifty” coupon game sales for each coupon drawing conducted. Blower ball games were already approved for use with merchandise prize awards; however, the law now allows for cash prizes up to \$50.00 each to be awarded, as well. Furthermore, generic gift certificates may now be awarded for teacup raffle games, in addition to merchandise prizes. These are the only exceptions that have been made with respect to the type of prizes that may be awarded at a bazaar. Therefore, any qualifying organization that has obtained a bazaar permit **may only award merchandise prizes for every other permissible bazaar game.**

BAZAAR ACTIVITY/WORKER SHEET (CGR-2B)

1. Provide a **complete** name and address of the sponsoring organization (the same name as it appears on your CGR-2 application form).
2. Provide the number of games of chance equipment to be operated, describe the type of games of chance to be operated, and list the prize(s) to be awarded at each games of chance booth.
3. Provide the total number of games of chance to be operated.
4. Provide the total number of members of the sponsoring organization to operate the games of chance equipment.

Note: Only bona fide, active members of a sponsoring organization who are eighteen years of age or older may operate games of chance equipment.

If clarification or further information is needed in regard to the application forms, please do not hesitate to contact the Department at (860) 713-6140.

STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 Charitable Games Accounting
 165 Capitol Avenue
 Hartford, CT 06106
 Email: dcp.gamingcharitable@ct.gov
 Web site: www.ct.gov/dcp



VERIFIED BAZAAR STATEMENT
 CGF-6 Rev. 3/12

- INSTRUCTIONS: 1. The three designated active members of the sponsoring organization must complete this form in duplicate.
 2. Submit both copies of this form to the Chief of Police or First Selectman of the municipality which issued such permit during the next succeeding month.
 3. The Chief of Police or First Selectman, shall forward the original copy to the Department of Consumer Protection, Charitable Games Accounting, 165 Capitol Ave., Hartford, CT 06106 within five (5) business days.

NAME OF ORGANIZATION	PERMIT NUMBER
----------------------	---------------

ADDRESS (No. and Street)	(City or Town)	(State)	(Zip Code)
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TOWN WHERE BAZAAR WAS HELD	DATES BAZAAR WAS HELD COMMENCING: _____ TERMINATING: _____
----------------------------	---

NAME OF EQUIPMENT DEALER	REGISTRATION NUMBER OF EQUIPMENT DEALER
--------------------------	---

AMOUNT OF GROSS RECEIPTS \$	TOTAL EXPENSES \$	NET PROFIT \$
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LIST ALL RECEIPTS FROM EACH TYPE OF GAME OF CHANCE OPERATED.

DESCRIPTION OF GAME	AMOUNT	DESCRIPTION OF GAME	AMOUNT
1.	\$	5.	\$
2.	\$	6.	\$
3.	\$	7.	\$
4.	\$	8.	\$
TOTAL RECEIPTS FROM GAMES OF CHANCE OPERATED (ADD ITEMS 1 THROUGH 8)			\$

LIST EACH ITEM OF EXPENSE INCURRED OR PAID AND EACH ITEM OF EXPENDITURE MADE OR TO BE MADE; AND THE NAME AND ADDRESS OF EACH PERSON TO WHOM EACH ITEM HAS BEEN OR IS TO BE PAID.

EXPENSE/EXPENDITURE	NAME AND ADDRESS OF PAYEE	AMOUNT
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
TOTAL EXPENSES (ADD ITEMS 1 THROUGH 9)		\$

LIST THE USES TO WHICH THE NET PROFIT HAS BEEN OR IS TO BE APPLIED:

PRIZES

LIST THE PRIZES WITH A RETAIL VALUE OF FIFTY DOLLARS (\$50.00) OR MORE, WITH THE AMOUNT PAID FOR EACH PRIZE PURCHASED, OR THE RETAIL VALUE OF EACH PRIZE DONATED, ALONG WITH THE NAMES AND ADDRESSES OF THE PERSONS TO WHOM SUCH PRIZES WERE AWARDED.

PRIZE	PURCHASE PRICE/ RETAIL VALUE	NAME AND ADDRESS OF PRIZE RECIPIENT
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
6.	\$	
7.	\$	
8.	\$	
9.	\$	
10.	\$	
11.	\$	
12.	\$	
13.	\$	
14.	\$	
15.	\$	

STATEMENT OF DESIGNATED ACTIVE MEMBERS AND RANKING OFFICER

WE, THE UNDERSIGNED, DO HEREBY EACH CERTIFY UNDER PENALTY OF FALSE STATEMENT THAT THE FOREGOING STATEMENT IS A TRUE AND ACCURATE REPORT OF THE HOLDING, OPERATION, AND CONDUCT OF THE BAZAAR DESCRIBED HEREIN.

PRINT NAME OF DESIGNATED ACTIVE MEMBER	SIGNATURE	TELEPHONE	DATE
1.			/ /
2.			/ /
3.			/ /

PRINT NAME OF RANKING OFFICER	SIGNATURE	TELEPHONE	DATE
			/ /

CONCLUSION OF POLICE CHIEF/FIRST SELECTMAN

I HAVE EXAMINED THE FOREGOING REPORT AND COMPARED IT WITH THE ORIGINAL APPLICATION.

I HAVE FOUND NO DISCREPANCIES

I HAVE FOUND THE FOLLOWING DISCREPANCIES*

SIGNATURE OF POLICE CHIEF/FIRST SELECTMAN	TOWN	DATE
		/ /

STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 Charitable Games Accounting
 165 Capitol Avenue
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VERIFIED BAZAAR STATEMENT
 CGF-6 Rev. 3/12

- INSTRUCTIONS: 1. The three designated active members of the sponsoring organization must complete this form in duplicate.
 2. Submit both copies of this form to the Chief of Police or First Selectman of the municipality which issued such permit during the next succeeding month.
 3. The Chief of Police or First Selectman, shall forward the original copy to the Department of Consumer Protection, Charitable Games Accounting, 165 Capitol Ave., Hartford, CT 06106 within five (5) business days.

NAME OF ORGANIZATION	PERMIT NUMBER
ADDRESS (No. and Street)	(City or Town) (State) (Zip Code)

TOWN WHERE BAZAAR WAS HELD	DATES BAZAAR WAS HELD COMMENCING: _____ TERMINATING: _____
----------------------------	---

NAME OF EQUIPMENT DEALER	REGISTRATION NUMBER OF EQUIPMENT DEALER
--------------------------	---

AMOUNT OF GROSS RECEIPTS \$	TOTAL EXPENSES \$	NET PROFIT \$
--------------------------------	----------------------	------------------

LIST ALL RECEIPTS FROM EACH TYPE OF GAME OF CHANCE OPERATED.

DESCRIPTION OF GAME	AMOUNT	DESCRIPTION OF GAME	AMOUNT
1.	\$	5.	\$
2.	\$	6.	\$
3.	\$	7.	\$
4.	\$	8.	\$
TOTAL RECEIPTS FROM GAMES OF CHANCE OPERATED (ADD ITEMS 1 THROUGH 8)			\$

LIST EACH ITEM OF EXPENSE INCURRED OR PAID AND EACH ITEM OF EXPENDITURE MADE OR TO BE MADE; AND THE NAME AND ADDRESS OF EACH PERSON TO WHOM EACH ITEM HAS BEEN OR IS TO BE PAID.

EXPENSE/EXPENDITURE	NAME AND ADDRESS OF PAYEE	AMOUNT
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
TOTAL EXPENSES (ADD ITEMS 1 THROUGH 9)		\$

LIST THE USES TO WHICH THE NET PROFIT HAS BEEN OR IS TO BE APPLIED:

PRIZES

LIST THE PRIZES WITH A RETAIL VALUE OF FIFTY DOLLARS (\$50.00) OR MORE, WITH THE AMOUNT PAID FOR EACH PRIZE PURCHASED, OR THE RETAIL VALUE OF EACH PRIZE DONATED, ALONG WITH THE NAMES AND ADDRESSES OF THE PERSONS TO WHOM SUCH PRIZES WERE AWARDED.

PRIZE	PURCHASE PRICE/ RETAIL VALUE	NAME AND ADDRESS OF PRIZE RECIPIENT
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
6.	\$	
7.	\$	
8.	\$	
9.	\$	
10.	\$	
11.	\$	
12.	\$	
13.	\$	
14.	\$	
15.	\$	

STATEMENT OF DESIGNATED ACTIVE MEMBERS AND RANKING OFFICER

WE, THE UNDERSIGNED, DO HEREBY EACH CERTIFY UNDER PENALTY OF FALSE STATEMENT THAT THE FOREGOING STATEMENT IS A TRUE AND ACCURATE REPORT OF THE HOLDING, OPERATION, AND CONDUCT OF THE BAZAAR DESCRIBED HEREIN.

PRINT NAME OF DESIGNATED ACTIVE MEMBER	SIGNATURE	TELEPHONE	DATE
1.			/ /
2.			/ /
3.			/ /

PRINT NAME OF RANKING OFFICER	SIGNATURE	TELEPHONE	DATE
			/ /

CONCLUSION OF POLICE CHIEF/FIRST SELECTMAN

I HAVE EXAMINED THE FOREGOING REPORT AND COMPARED IT WITH THE ORIGINAL APPLICATION.

I HAVE FOUND NO DISCREPANCIES I HAVE FOUND THE FOLLOWING DISCREPANCIES*

SIGNATURE OF POLICE CHIEF/FIRST SELECTMAN	TOWN	DATE
		/ /

STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 Charitable Games Accounting
 165 Capitol Avenue
 Hartford, CT 06106
 Email: dcp.gamingcharitable@ct.gov
 Web site: www.ct.gov/dcp



VERIFIED RAFFLE STATEMENT
 CGF-7 Rev. 3/12

- INSTRUCTIONS: 1. The three designated active members of the sponsoring organization must complete this form in duplicate.
 2. Submit both copies of this form to the Chief of Police or First Selectman of the municipality which issued such permit during the next succeeding month.
 3. The Chief of Police or First Selectman, shall forward the original copy to the Department of Consumer Protection, Charitable Games Accounting, 165 Capitol Ave., Hartford, CT 06106 within five (5) business days.

NAME OF ORGANIZATION	PERMIT NUMBER
ADDRESS (No. and Street)	(City or Town) (State) (Zip Code)

CLASS OF RAFFLE HELD	RAFFLE DATES	
	COMMENCING:	TERMINATING:
WAS THIS A SPECIAL TUITION RAFFLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	PLACE AND TOWN WHERE RAFFLE WAS HELD	
AMOUNT OF GROSS RECEIPTS \$	TOTAL EXPENSES \$	NET PROFIT \$
GIVE THE NUMBER OF TICKETS SOLD AND THE PRICE PER TICKET # @ \$	GIVE THE NUMBER OF UNSOLD TICKETS (THESE TICKETS MUST BE KEPT WITH ALL OTHER RECORDS FOR ONE (1) YEAR.)	

LIST EACH ITEM OF EXPENSE INCURRED OR PAID AND EACH ITEM OF EXPENDITURE MADE OR TO BE MADE; AND THE NAME AND ADDRESS OF EACH PERSON TO WHOM EACH ITEM HAS BEEN OR IS TO BE PAID.

EXPENSE/EXPENDITURE	NAME AND ADDRESS OF PAYEE	AMOUNT
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
11.		\$
TOTAL EXPENSES (ADD ITEMS 1 THROUGH 11)		\$

LIST THE USES TO WHICH THE NET PROFIT HAS BEEN OR IS TO BE APPLIED:

PRIZES

LIST EACH PRIZE OFFERED, THE RETAIL VALUE, THE NAME AND ADDRESS OF THE PERSON WHO WAS AWARDED SUCH PRIZE, AND THE WINNING TICKET NUMBER.

PRIZE OFFERED/AWARDED	RETAIL VALUE	NAME AND ADDRESS OF PRIZE RECIPIENT	WINNING TICKET #
1.	\$		
2.	\$		
3.	\$		
4.	\$		
5.	\$		
6.	\$		

STATEMENT OF PRINTER OF TICKETS

NAME OF BUSINESS		TELEPHONE NO.	
BUSINESS ADDRESS (No. and Street)	(City or Town)	(State)	(Zip Code)
THE TOTAL NUMBER OF TICKETS WAS:	THE FIRST NUMBERED TICKET WAS:	THE LAST NUMBERED TICKET WAS:	
I, THE PRINTER OF TICKETS USED IN SAID RAFFLE, DO HEREBY STATE, UNDER PENALTY OF FALSE STATEMENT, THAT THE TICKETS WERE NUMBERED CONSECUTIVELY AND THERE WERE NO DUPLICATIONS.			
PRINT NAME	SIGNATURE	DATE / /	

STATEMENT OF DESIGNATED ACTIVE MEMBERS AND RANKING OFFICER

WE, THE UNDERSIGNED, DO HEREBY EACH CERTIFY UNDER PENALTY OF FALSE STATEMENT THAT THE FOREGOING STATEMENT IS A TRUE AND ACCURATE REPORT OF THE HOLDING, OPERATION, AND CONDUCT OF THE RAFFLE DESCRIBED HEREIN.

PRINT NAME OF DESIGNATED ACTIVE MEMBER	SIGNATURE	TELEPHONE NO.	DATE
1.			/ /
2.			/ /
3.			/ /
PRINT NAME OF RANKING OFFICER	SIGNATURE	TELEPHONE	DATE
			/ /

CONCLUSION OF POLICE CHIEF/FIRST SELECTMAN

I HAVE EXAMINED THE FOREGOING REPORT AND COMPARED IT WITH THE ORIGINAL APPLICATION.

I HAVE FOUND NO DISCREPANCIES

I HAVE FOUND THE FOLLOWING DISCREPANCIES*

*

SIGNATURE OF POLICE CHIEF/FIRST SELECTMAN	TOWN	DATE / /
---	------	----------

STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
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 165 Capitol Avenue
 Hartford, CT 06106
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VERIFIED RAFFLE STATEMENT
 CGF-7 Rev. 3/12

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 2. Submit both copies of this form to the Chief of Police or First Selectman of the municipality which issued such permit during the next succeeding month.
 3. The Chief of Police or First Selectman, shall forward the **original** copy to the Department of Consumer Protection, **Charitable Games Accounting, 165 Capitol Ave., Hartford, CT 06106** within five (5) business days.

NAME OF ORGANIZATION	PERMIT NUMBER
ADDRESS (No. and Street)	(City or Town) (State) (Zip Code)

CLASS OF RAFFLE HELD	RAFFLE DATES COMMENCING: _____ TERMINATING: _____	
WAS THIS A SPECIAL TUITION RAFFLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	PLACE AND TOWN WHERE RAFFLE WAS HELD	
AMOUNT OF GROSS RECEIPTS \$ _____	TOTAL EXPENSES \$ _____	NET PROFIT \$ _____
GIVE THE NUMBER OF TICKETS SOLD AND THE PRICE PER TICKET # _____ @ \$ _____	GIVE THE NUMBER OF UNSOLD TICKETS (THESE TICKETS MUST BE KEPT WITH ALL OTHER RECORDS FOR ONE (1) YEAR.)	

LIST EACH ITEM OF EXPENSE INCURRED OR PAID AND EACH ITEM OF EXPENDITURE MADE OR TO BE MADE; AND THE NAME AND ADDRESS OF EACH PERSON TO WHOM EACH ITEM HAS BEEN OR IS TO BE PAID.

EXPENSE/EXPENDITURE	NAME AND ADDRESS OF PAYEE	AMOUNT
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
11.		\$
TOTAL EXPENSES (ADD ITEMS 1 THROUGH 11)		\$

LIST THE USES TO WHICH THE NET PROFIT HAS BEEN OR IS TO BE APPLIED:

PRIZES

LIST EACH PRIZE OFFERED, THE RETAIL VALUE, THE NAME AND ADDRESS OF THE PERSON WHO WAS AWARDED SUCH PRIZE, AND THE WINNING TICKET NUMBER.

PRIZE OFFERED/AWARDED	RETAIL VALUE	NAME AND ADDRESS OF PRIZE RECIPIENT	WINNING TICKET #
1.	\$		
2.	\$		
3.	\$		
4.	\$		
5.	\$		
6.	\$		

STATEMENT OF PRINTER OF TICKETS

NAME OF BUSINESS		TELEPHONE NO.
BUSINESS ADDRESS (No. and Street)	(City or Town)	(State) (Zip Code)
THE TOTAL NUMBER OF TICKETS WAS:	THE FIRST NUMBERED TICKET WAS:	THE LAST NUMBERED TICKET WAS:
I, THE PRINTER OF TICKETS USED IN SAID RAFFLE, DO HEREBY STATE, UNDER PENALTY OF FALSE STATEMENT, THAT THE TICKETS WERE NUMBERED CONSECUTIVELY AND THERE WERE NO DUPLICATIONS.		
PRINT NAME	SIGNATURE	DATE / /

STATEMENT OF DESIGNATED ACTIVE MEMBERS AND RANKING OFFICER

WE, THE UNDERSIGNED, DO HEREBY EACH CERTIFY UNDER PENALTY OF FALSE STATEMENT THAT THE FOREGOING STATEMENT IS A TRUE AND ACCURATE REPORT OF THE HOLDING, OPERATION, AND CONDUCT OF THE RAFFLE DESCRIBED HEREIN.

PRINT NAME OF DESIGNATED ACTIVE MEMBER	SIGNATURE	TELEPHONE NO.	DATE
1.			/ /
2.			/ /
3.			/ /
PRINT NAME OF RANKING OFFICER	SIGNATURE	TELEPHONE	DATE
			/ /

CONCLUSION OF POLICE CHIEF/FIRST SELECTMAN

I HAVE EXAMINED THE FOREGOING REPORT AND COMPARED IT WITH THE ORIGINAL APPLICATION.

I HAVE FOUND NO DISCREPANCIES I HAVE FOUND THE FOLLOWING DISCREPANCIES*

*

SIGNATURE OF POLICE CHIEF/FIRST SELECTMAN	TOWN	DATE / /
---	------	----------

BAZAAR & RAFFLE CLASS AND PERMIT FEES

	TO BE COMPLETED WITHIN	MAXIMUM AGGREGATE VALUE OF PRIZES	NUMBER OF PERMITS ALLOWED	FEE TO BE PAID FOR PERMIT
CLASS 1 RAFFLE	3 months	\$15,000.00	1 per year	\$50.00
CLASS 2 RAFFLE	2 months	\$2,000.00	3 per year	\$20.00
CLASS 3 BAZAAR	6 months		2 per year	\$20.00/day
CLASS 4 RAFFLE	1 month	\$100.00	1 per year	\$5.00 (town)
CLASS 5 RAFFLE	9 months	\$50,000.00	5 per year	\$80.00
CLASS 6 RAFFLE	12 months	\$100,000.00	5 per year	\$100.00

PLEASE NOTE: The permit fee for each class of permit (with the exception of the Class 4 Raffle permit) is divided evenly between the municipality that will issue the permit and the Department of Consumer Protection. Both checks should be submitted to the appropriate municipal authority along with an organization's application for a permit. With respect to Class 4 Raffle permits, the permit fee for this class of permit is not divided between the municipality and the State. The entire permit fee for this class of permit is retained solely by the municipality that will issue the permit.

CLASS 1 – \$50.00 permit fee (\$25.00 payable to the appropriate municipality, \$25.00 to the Department of Consumer Protection)

CLASS 2 - \$20.00 permit fee (\$10.00 payable to the appropriate municipality, \$10.00 to the Department of Consumer Protection)

CLASS 3 - \$20.00 per day permit fee (\$10.00 **per day** payable to the appropriate municipality, \$10.00 **per day** to the Department of Consumer Protection)

CLASS 4 - \$5.00 permit fee (**only** payable to the appropriate municipality)

CLASS 5 - \$80.00 permit fee (\$40.00 payable to the appropriate municipality, \$40.00 to the Department of Consumer Protection)

CLASS 6 – \$100.00 permit fee (\$50.00 payable to the appropriate municipality, \$50.00 to the Department of Consumer Protection)

PLEASE NOTE: *All permit fee payments submitted to the Department of Consumer Protection must be made payable to the Treasurer, State of Connecticut.*