

STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 Gaming Division/Charitable Games  
 P.O. Box 310424  
 Newington, CT 06131-0424  
 Email: [DCP.GamingCharitable@CT.gov](mailto:DCP.GamingCharitable@CT.gov)  
 Web site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



APPLICATION FOR A PERMIT TO  
 CONDUCT A BAZAAR OR RAFFLE  
 CGR-2 REV. 08/11

**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, **P.O. Box 310424, Newington, CT 06131-0424**, 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)**

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

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
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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
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**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. / 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 \$
FROM WHOM IS THE CONTAINER TO BE OBTAINED? (Name)		DEALER REGISTRATION NUMBER
(No. and Street)		(City or Town) (State) (Zip Code)

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**

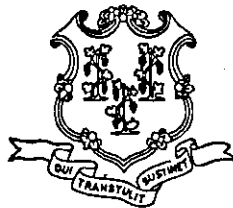
GIVE THE DATE(S) AND TIME(S) FOR EACH DAY THE BAZAAR IS TO BE CONDUCTED

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)		DEALER REGISTRATION NUMBER
(City or Town)		(State) (Zip Code)





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

**CHARITABLE GAMES  
VERIFIED RAFFLE STATEMENT**

CGF-7 Rev. 11/07

**STATE OF CONNECTICUT  
DIVISION OF SPECIAL REVENUE**

Charitable Games  
555 Russell Road  
Newington, CT 06111-1523



- 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, as the case may be, shall forward the original copy to the Division of Special Revenue at P.O. Box 310424, Newington, CT 06131-0424 within five (5) business days.

NAME OF ORGANIZATION	PERMIT NUMBER
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ADDRESS (No. and Street)	(City or Town)	(State)	(Zip Code)
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CLASS OF RAFFLE HELD	RAFFLE DATES COMMENCING:     /     /     TERMINATING:     /     /
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WAS THIS A SPECIAL TUITION RAFFLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	PLACE AND TOWN WHERE RAFFLE WAS HELD
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AMOUNT OF GROSS RECEIPTS \$	TOTAL EXPENSES \$	NET PROFIT \$
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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.)
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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.		\$
12.		\$
TOTAL EXPENSES (ADD ITEMS 1 THROUGH 12)		\$

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

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**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 / /
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