

Bazaar

Any questions regarding this bazaar application packet, or the information necessary to complete it, should be directed to:

State of Connecticut
Department of Consumer Protection
Charitable Games
Phone: 1-800-338-6331

Completed application packets along with the appropriate fee should be dropped off at the Records Division of the Orange Police Department. Records is open Monday-Friday from 9:00 am – 4:00 pm.

The fee for a Class 3 Bazaar is \$20/day (fee is split 50/50).
One check should be made payable to the Town of Orange, the other check is payable to Treasurer, State of Connecticut

APPLICATION FOR A PERMIT TO CONDUCT A BAZAAR OR RAFFLE

CGR-2 REV. 08/05

**STATE OF CONNECTICUT
DIVISION OF SPECIAL REVENUE**

Charitable Games
555 Russell Road
Newington, CT 06111-1523



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 Division of Special Revenue, **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 <i>(To Be Assigned By Special Revenue)</i>	
NAME OF SPONSORING ORGANIZATION			TELEPHONE NUMBER ()
ADDRESS OF SPONSORING ORGANIZATION <i>(No. and Street)</i>		<i>(City or Town)</i>	<i>(State)</i> <i>(Zip Code)</i>
MAILING ADDRESS <i>(No. and Street)</i>		<i>(City or Town)</i>	<i>(State)</i> <i>(Zip Code)</i>

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

RAFFLE

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

COMMENCING DATE:	TERMINATING DATE:	TIME OF DRAWING:
PLACE WHERE DRAWING IS TO BE HELD <i>(Name of Place)</i>	<i>(No. and Street)</i>	<i>(City or Town)</i> <i>(State)</i> <i>(Zip Code)</i>

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

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

CHECK ORGANIZATION CATEGORY (Check only ONE)

- | | |
|--|--|
| 1 <input type="checkbox"/> An educational or charitable organization | 5 <input type="checkbox"/> An officially recognized organization or association of veterans of any war in which the U.S. was engaged |
| 2 <input type="checkbox"/> A civic or service club | 6 <input type="checkbox"/> An officially recognized volunteer fire company |
| 3 <input type="checkbox"/> A fraternal or fraternal benefit society | 7 <input type="checkbox"/> A political party or town committee of the municipality in which the bazaar or raffle is to be held |
| 4 <input checked="" type="checkbox"/> 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? 06-0000000	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	02/27/35
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. <input type="checkbox"/> P.M. <input type="checkbox"/>
PLACE WHERE DRAWING IS TO BE HELD (Name of Place) N/A	(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
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FROM WHOM IS THE CONTAINER TO BE OBTAINED? (Name) N/A	(No. and Street) (City or Town) (State) (Zip Code)	DEALER REGISTRATION NUMBER N/A
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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, 2005 - 6:00 pm to 10:00 pm,	May 24, 2005 - 6:00 pm to 10:30 pm,	May 25, 2005 - 5:00 pm to 11:00 pm.
PLACE WHERE THE BAZAAR IS TO BE CONDUCTED (Name of Place) St. John's Church Grounds,	(No. and Street) 263 Cedar Mountain Road,	(City or Town) (State) (Zip Code) Anytown, CT 06000

NUMBER OF GAMES OF CHANCE TO BE USED Total of 6	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
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FROM WHOM ARE THE GAMES OF CHANCE TO BE OBTAINED? (No. and Street) Registered Equipment Dealer Company,	(City or Town) (State) (Zip Code) 7 Hope Street, Anytown, CT 06000	DEALER REGISTRATION NUMBER 9990111-05BRD
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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,	105 Cedar Street,	Anytown,	CT 06000	Permit fee
\$ 30.00	Division of Special Revenue,	555 Russell Road,	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 tickets
\$ 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 Co.,	7 Hope St.,	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,	Anywhere,	CT 06002
Blender	Yes	30.00	-	Susan Petrucelli,	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 the 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) 33 Hall Street,	(City or Town) Anytown,	(State) (Zip Code) 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) 30 Marlborough Street,	(City or Town) Anytown,	(State) (Zip Code) 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) 127 Carriage Hill Drive,	(City or Town) Anytown,	(State) (Zip Code) 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, 2005
APPLICATION IS HEREBY <input checked="" 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, 2005	SIGNED (Executive Director of Division of Special Revenue)	DATE (Mo., Day, Yr.)
Application for Bazaar or Raffle Permit is approved for issuance		

STATE OF CONNECTICUT
DIVISION OF SPECIAL REVENUE
Charitable Games
555 Russell Road
Newington, CT 06111-1523

SAMPLE



Date: January 4, 2005

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.
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 Executive Director of the Division of Special Revenue.
4. All statements contained in this application are true to the best of my knowledge and belief.
5. I have never been convicted of a felony.
6. 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" cow-chip 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.
7. I am familiar with the provisions of the Act which 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.
8. I am familiar with the provisions of the Act which 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.
9. I am familiar with the provisions of the Act 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.
10. I am familiar with the provisions of the Act which 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 6, 2005	SIGNATURE OF CHIEF OF POLICE OR FIRST SELECTMAN <i>John Doe, Chief of Police</i>
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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 Division of Special Revenue, P.O. Box 310424, Newington, CT 06131-0424.

TO: DIVISION OF SPECIAL REVENUE		PERMIT NUMBER (To Be Assigned By Special Revenue)	
NAME OF SPONSORING ORGANIZATION (No. and Street)	(City or Town)	(State)	(Zip Code)
St. John's Church - Men's Club, 263 Cedar Mountain Road,	Anytown,	CT	06000

GAMES OF CHANCE TO BE OPERATED

TYPE	NUMBER TO BE OPERATED	DESCRIPTION
BLOWER BALL OR CAGE BALL GAME	One (1)	Blower Ball Game - Players place a coin on one of the numbers contained on the laydown. A number is then drawn which determines the winner of the prize. Awarding baked goods as prizes.
"FIFTY-FIFTY" COUPON GAME	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	One (1)	A single drawing from each container will be conducted to determine the winners of the prizes. Prizes will not exceed \$100 each in value. Awarding as prizes: a lamp, afghan, am/fm clock radio, blender, discman, dustbuster, electric drill, and framed picture.
JAR TICKET GAME	One (1)	Players open tickets to expose a number. If the number on the inside of the ticket corresponds to a number attached to a displayed prize item, the player would win that item. Awarding plush items as prizes.
OTHER GAMES OF CHANCE	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 Division (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 Division of Special Revenue, 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** one specific type of bazaar game, which is the "fifty-fifty" coupon 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. This is the only exception that has 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 Charitable Games at 1-800-338-6331 or (860) 594-5480.

STATE OF CONNECTICUT
DIVISION OF SPECIAL REVENUE
Charitable Games
555 Russell Road
Newington, CT 06111-1523



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.
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 Executive Director of the Division of Special Revenue.
4. All statements contained in this application are true to the best of my knowledge and belief.
5. I have never been convicted of a felony.
6. 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" cow-chip 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.
7. I am familiar with the provisions of the Act which 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.
8. I am familiar with the provisions of the Act which 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.
9. I am familiar with the provisions of the Act 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.
10. I am familiar with the provisions of the Act which 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)	NAME (Please print)	NAME (Please print)
1.	2.	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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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 Division of Special Revenue, **P.O. Box 310424, Newington, CT 06131-0424.**

TO: DIVISION OF SPECIAL REVENUE	PERMIT NUMBER <i>(To Be Assigned By Special Revenue)</i>
NAME OF SPONSORING ORGANIZATION <i>(No. and Street)</i>	<i>(City or Town)</i> <i>(State)</i> <i>(Zip Code)</i>

GAMES OF CHANCE TO BE OPERATED

TYPE	NUMBER TO BE OPERATED	DESCRIPTION
BLOWER BALL OR CAGE BALL GAME		
"FIFTY-FIFTY" COUPON GAME		
TEACUP RAFFLE		
JAR TICKET GAME		
OTHER GAMES OF CHANCE		
TOTAL NUMBER TO BE OPERATED:		TOTAL NUMBER OF MEMBERS OPERATING GAMES OF CHANCE EQUIPMENT:

STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES

Division of Special Revenue
Charitable Games
555 Russell Road, P.O. Box 11424
Newington, CT 06111



PERMIT NUMBER (To Be Assigned By Special Revenue)

Pursuant to the provisions of the Connecticut General Statutes, permit to promote, operate, and conduct a ...

- Class 1 Raffle for the three (3) month period commencing on _____ and terminating on _____
- Class 2 Raffle for the two (2) month period commencing on _____ and terminating on _____
- Class 3 Bazaar for not more than ten (10) days commencing on _____ and terminating on _____
- Class 4 Raffle for the one (1) month period commencing on _____ and terminating on _____
- Class 5 Raffle for the six (6) month period commencing on _____ and terminating on _____
- Class 6 Raffle for the nine (9) month period commencing on _____ and terminating on _____

... is issued to: _____

SPONSORING ORGANIZATION _____

ADDRESS (No. and Street) _____

(City or Town) _____

(State) _____

(Zip Code) _____

... in accordance with the terms of the class permit checked below:

	TO BE COMPLETED WITHIN	AGGREGATE VALUE OF PRIZES	NUMBER 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
CLASS 5 RAFFLE	6 months	\$50,000.00	1 per year	\$80.00
CLASS 6 RAFFLE	9 months	\$100,000.00	1 per year	\$100.00

'All prizes given at any bazaar or raffle shall be merchandise, tangible personal property or a ticket, coupon or gift certificate, which shall not be refundable or transferable, entitling the winner to merchandise, tangible personal property, services, transportation on a common carrier by land, water or air and to any tour facilities provided in connection therewith, or to participation in a lottery conducted under Chapter 226. Cash prizes or prizes consisting of alcoholic liquor shall not be given ...'

**CHARITABLE GAMES
VERIFIED BAZAAR STATEMENT**

CGF-6 Rev. 9/04

**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 _____

ADDRESS (No. and Street) _____ (City or Town) _____ (State) _____ (Zip Code) _____

TOWN WHERE BAZAAR WAS HELD _____ DATES(S) 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.	\$	

"FIFTY-FIFTY" COUPON GAMES

LIST THE NUMBER OF COUPONS SOLD, THE PRICE PER COUPON, TOTAL REVENUE, THE PRIZE AWARDED, AND THE NAME AND ADDRESS OF EACH PRIZE RECIPIENT.

NUMBER OF COUPONS SOLD	PRICE PER COUPON	TOTAL REVENUE	PRIZE AWARDED	NAME AND ADDRESS OF PRIZE RECIPIENT
1.	\$	\$	\$	
2.	\$	\$	\$	
3.	\$	\$	\$	
4.	\$	\$	\$	
5.	\$	\$	\$	
6.	\$	\$	\$	
7.	\$	\$	\$	
8.	\$	\$	\$	
9.	\$	\$	\$	

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
		/ /