

Raffle

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

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

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

***Fees – use form CGR-3 to determine your permit class, checks are payable as follows:**

Class 1 Raffle \$50
\$25 check to Town of Orange
\$25 check to Treasurer, State of Connecticut

Class 2 Raffle \$20
\$10 check to Town of Orange
\$10 check to Treasurer, State of Connecticut

Class 4 Raffle – one check payable to Town of Orange for \$5

Class 5 Raffle \$80
\$40 check to Town of Orange
\$40 check to Treasurer, State of Connecticut

Class 6 Raffle \$100
\$50 check to Town of Orange
\$50 check to Treasurer, State of Connecticut

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 (To Be Assigned By Special Revenue) | |
| 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)

- | | |
|--|--|
| <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 type="checkbox"/> 4 A church or religious organization | |

| | | |
|--|---|--|
| 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 (First, Middle, Last) | ADDRESS (No., Street, City or Town, State, Zip) | DATE OF BIRTH (Mo., Day, Yr.) |
|-------|-------------------------------|--|----------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

RAFFLE

STATE 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) | (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 |
|---------------------------------|----------------------------------|---|

BAZAAR

STATE 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) |
|---|------------------|----------------|--------------------|

| | | |
|---|---|---------------------------------|
| NUMBER OF GAMES OF CHANCE TO BE USED | DESCRIBE THE KIND OF BAZAAR TO BE CONDUCTED | |
| 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
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 |
|--|----------------------|---|

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 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 |
| 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. | | \$ |
| 12. | | \$ |
| TOTAL EXPENSES (ADD ITEMS 1 THROUGH 12) | | \$ |

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 / / |
|---|------|-------------|