



TOWN OF GUILFORD  
 POLICE DEPARTMENT  
 400 Church Street - Guilford, Connecticut 06437  
 Tel. (203) 453-8061 Fax (203) 453-8473  
 www.guilfordpd.com

For Official Use Only
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## Application for a Permit to Conduct a Class 3 Bazaar

**Instructions:**

1. The completed form shall be submitted to: **400 Church Street Guilford, CT 06437 at least fifteen (15) days prior** to the start of the bazaar.
2. Applying organization must be a qualifying non-profit functioning for a minimum of six (6) months.
3. Your application must be completed, signed, and accompanied by a check or money order made payable to **“Guilford Police Department” Permit Fee is \$60.00 per day for up to ten (10) consecutive days.**

<b>Name of Sponsoring Organization</b>			
If this organization previously held a bazaar permit, list permit number:		Federal ID Number	IRS Exempt Status Code 501(c) -
Street Address		City	State      Zip Code
Mailing Address (if different than above)		City	State      Zip Code
Telephone Number (with area code)		Email Address	
<b>Contact Person for <u>this</u> Application</b>	<b>Contact Telephone Number</b>	<b>Contact Email Address</b>	
<b>Organization Category (check only one):</b>			
An educational or charitable organization		An officially recognized organization or association of veterans of any war in which the U. S. was engaged	
A civic, service, or social club		An officially recognized volunteer fire company	
A fraternal or fraternal benefit society		A political party or town committee of the municipality in which the raffle is to be held	
A church or religious organization			

Give the names of the three (3) Designated Active Members of the sponsoring organization under whom the bazaar is to be conducted. These individuals will affix their signature to form GPD 279. The three (3) Designated Active Members must be residents of the state of Connecticut.

First Name	Last Name	Telephone Number (with area code)	Date of Birth (mm/dd/yyyy)
First Name	Last Name	Telephone Number (with area code)	Date of Birth (mm/dd/yyyy)
First Name	Last Name	Telephone Number (with area code)	Date of Birth (mm/dd/yyyy)

Ranking Officer Name		Title	Date of Birth (mm/dd/yyyy)	
Residence Street Address		City	State	Zip Code

**Bazaar Description:**Provide the date(s) and starting and ending time(s) for each day the bazaar will be conducted:**Place Where Bazaar is to be Held:**

Name of Place

Street Address

City

State

Zip Code

**Types of Games and Total Number to be Operated:**

Blower Ball/Cage Ball Total: \_\_\_\_\_

Teacup Raffle Total: \_\_\_\_\_

50/50  
(up to 3 drawings per day) Total: \_\_\_\_\_

Other: \_\_\_\_\_ Total: \_\_\_\_\_

**If applicable, from whom are the games of chance equipment to be obtained:**

Registered Dealer Name

Dealer Registration Number

Equipment Rental Fee Paid

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

\*Attach additional sheets as necessary.

Expense (\$)	Name	Street Address	City	State	Purpose
					Municipality Permit Fee

Separately list in detail all items offered as prizes in connection with such bazaar, 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.

\*Attach additional sheets as necessary.

Merchandise	Donated Yes/No	Retail Value	Amt. Paid by Org.	Name	Street Address	City	State

State the specific purpose to which the entire net proceeds of such bazaar are to be devoted.

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I certify, under penalty of law (Sec. 53a-157b, Class A Misdemeanor), that the information provided on this application is the truth to the best of my knowledge.

Signature of Ranking Officer

Date



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**STATEMENT OF ACTIVE MEMBERS DESIGNATED BY SPONSORING ORGANIZATION UNDER WHOM THE BAZAAR 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 a resident of the state of Connecticut.
2. I am a bona fide active member of the sponsoring organization making this application to conduct a bazaar 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 in accordance with the terms of the permit, the provisions of the Act, and regulations.
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 alcoholic beverages as prizes.
  - b. 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.
  - c. The promotion or operation of a bazaar by other than duly qualified members of the sponsoring organization.
  - d. The giving of pay to any member for his time or effort in connection with a bazaar.
  - e. The promotion, conduct or operation of a bazaar by a person under the age of 18 or the permitting of same by the sponsoring organization.
  - f. The use of funds derived from the bazaar for purposes other than as stated in this application.
  - g. 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.
6. I am familiar with the provisions of the Act which:
  - a. Make mandatory the immediate revocation of a permit to conduct a bazaar 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.
  - b. 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.

<b>PRINTED NAMES AND SIGNATURES OF DESIGNATED ACTIVE MEMBERS:</b>		
NAME <i>(Please print)</i>	NAME <i>(Please print)</i>	NAME <i>(Please print)</i>
1.	2.	3.
SIGNATURE AND DATE	SIGNATURE AND DATE	SIGNATURE AND DATE



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**APPLICATION TO AMEND  
 BAZAAR OR RAFFLE**

**INSTRUCTIONS:**

1. The Designated Active Members of the sponsoring organization must complete this form.
2. Attach all additional proofs, signatures and verifications required for this amendment, if any.
3. The completed form must be submitted to:

**Guilford Police Department 400 Church Street, Guilford, CT 06437.**

No permit issued under the provisions of the Bazaar and Raffle Act may be amended except upon application on this form to the Guilford Police Department when the subject matter of the proposed amendment could lawfully and properly have been included in the original permit and upon payment of such additional fee, if any, as would have been payable if it had been so included.

<b>TO: GUILFORD POLICE DEPARTMENT</b>		<b>Amendment to the Bazaar or Raffle Permit Application</b>			
NAME OF SPONSORING ORGANIZATION			PERMIT NUMBER		
ADDRESS OF SPONSORING ORGANIZATION (No. and Street)		(City or Town)	(State)	(Zip Code)	TELEPHONE NUMBER

**Please provide the details of the proposed amendment(s):**

**We the undersigned, whose signatures appear on the original application, do hereby EACH state under the penalties of perjury that all statements in this amended application are true.**

**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

<input type="checkbox"/> AMENDMENT DISAPPROVED	<input type="checkbox"/> MAY REMAIN IN FULL FORCE AND EFFECT IN ACCORDANCE WITH CHANGE(S) SET FORTH ABOVE	DATE (Mo., Day, Yr.) <span style="float: right;">Signed (Chief of Police)</span>
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## Verified Bazaar Statement

Instructions:

1. The three designated active members of the Sponsoring Organization must complete this form.
2. If additional space is required, attach additional sheets.
3. Submit this form to the Guilford Police Department by the end of the following month.

<b>Name of Sponsoring Organization</b>		Permit Number	
Street Address	City	State	Zip Code
Town Where Bazaar Was Held	Date(s) Bazaar Was Held Starting: _____ Terminating: _____		
Registered Equipment Dealer Name (if applicable)	Dealer Registration Number (if applicable)		

**List all receipts from each type of game of chance operated:**

Description of Game	Amount	Description of Game	Amount
1.	\$	4.	\$
2.	\$	5.	\$
3.	\$	6.	\$
<b>Total Receipts From Games of Chance Operated:</b>			<b>\$</b>

**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.		\$
<b>Total Expenses:</b>		<b>\$</b>

Total Receipts from Games of Chance: \$	Total Expenses: \$	<b>Net Profit</b> (Total Receipts minus Total Expenses): \$
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**List the uses to which the entire net profit of the bazaar has been or is to be applied:**

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**List the prizes with a retail value of fifty dollars (\$50.00) or more, the amount paid for each prize purchased or the retail value of each prize donated, and 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.	\$	

**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



## 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
<b>CLASS 1 RAFFLE</b>	3 months	\$15,000.00	1 per year	\$75.00
<b>CLASS 2 RAFFLE</b>	2 months	\$2,000.00	3 per year	\$30.00
<b>CLASS 3 BAZAAR</b>	6 months		2 per year	\$60.00/day
<b>CLASS 4 RAFFLE</b>	1 month	\$100.00	1 per year	\$15.00
<b>CLASS 5 RAFFLE</b>	9 months	\$50,000.00	5 per year	\$120.00
<b>CLASS 6 RAFFLE</b>	12 months	\$100,000.00	5 per year	\$150.00
<b>CLASS 7 RAFFLE</b>	15 months	\$50,000.00		\$300.00