



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

Application for a Permit to Conduct a Raffle

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 raffle.
2. This application must include a sample draft of the raffle ticket.
3. Applying organization must be a qualifying non-profit functioning for a minimum of six (6) months.
4. Your application must be completed, signed, and accompanied by a check or money order made payable to " Guilford Police Department " **Fee schedule is on page 2 of this application.**

Name of Sponsoring Organization			
If this organization previously held a raffle 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	
Contact Person for <u>this</u> Application	Contact Telephone Number	Contact Email Address	
Organization Category (check only one):			
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 raffle 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

Raffle Classification:				
Class I \$75.00 ·Max. aggregate prize total of \$15,000 ·Max. time 3 months ·Allowed 1 per year	Class II \$30.00 ·Max. aggregate prize total of \$2,000 ·Max. time 2 months ·Allowed 3 per year	Class IV \$15.00 ·Max. aggregate prize total of \$100 ·Max. time 1 month ·Allowed 1 per year	Class V \$120.00 ·Max. aggregate prize total of \$50,000 ·Max. time 9 months ·Allowed 5 per year	Class VI \$150.00 ·Max. aggregate prize total of \$100,000 ·Max. time 12 months ·Allowed 5 per year

Raffle Description:				
Winner Need Not Be Present	Duck Race		Winner Must Be Present (must be on ticket)	
Cow Chip	Frog Race			
Cash Prize (dedicated bank account info required)	Bank Name		Dedicated Account Number	
Special Tuition (dedicated bank account info required)	Bank Name		Dedicated Account Number	
Starting Date of Sales		Drawing Date		Time of Drawing AM PM
Number of Tickets to be Printed			Unit Price of Tickets to be Sold (only one price)	

Place Where Drawing is to be Held:				
Name of Place				
Street Address		City	State	Zip Code

List the items of expense intended to be incurred or paid in connection with the holding, operating, and conducting of such raffle 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

Separately list in detail all items offered as prizes in connection with such 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.
*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 raffle 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 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 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 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 raffle 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 cash prizes, except with an approved "Class No. 1", "Class No. 2", "Class No. 4", cow-chip, duck-race, golf ball drop ("Class No. 6" only), or frog-race raffle permit.
 - b. The giving of alcoholic beverages as prizes.
 - 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 raffle.
 - e. The promotion or operation of a raffle by other than duly qualified members of the sponsoring organization.
 - f. The giving of pay to any member for his time or effort in connection with a raffle.
 - g. The promotion, conduct or operation of a raffle by a person under the age of 18 or the permitting of same by the sponsoring organization.
 - h. 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.
 - i. The use of funds derived from the raffle for purposes other than as stated in this application.
 - j. 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 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 an approved dedicated bank account and all raffle expenses shall be paid from such account.
 - d. Make mandatory the immediate revocation of a permit to conduct a 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 <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.

TO: GUILFORD POLICE DEPARTMENT		Amendment to the Bazaar or Raffle Permit Application			
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.)
		Signed (Chief of Police)



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



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Verified Raffle 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.

Name of Sponsoring Organization		Permit Number	
Street Address	City	State	Zip Code
Class of Raffle Held		Date(s) Raffle Was Held	
		Starting: _____ Terminating: _____	
Was this a tuition raffle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place and Town Where Raffle Was Held		

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.		\$
Total Expenses:		\$

Number of Tickets Sold and Price per Ticket: # _____ @ \$ _____	List the number of unsold tickets: _____ <small>(*Note-these tickets must be kept with all other records for one (1) year)</small>
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Total Receipts from Ticket Sales: \$ _____	Total Expenses: \$ _____	Net Profit (Total Receipts minus Total Expenses): \$ _____
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List the uses to which the entire net profit of the raffle has been or is to be applied:

List the prizes with a retail value of fifty dollars (\$50.00) or more, the retail value of each prize, the names and addresses of the persons to whom such prizes were awarded, and the winning ticket number:

Prize	Retail Value	Name and Address of Prize Recipient	Winning Ticket Number
1.	\$		
2.	\$		
3.	\$		
4.	\$		
5.	\$		
6.	\$		

Statement of Printer of Tickets

Name of Business		Telephone Number	
Street Address		City	State Zip Code
The Total Number of Tickets Was:	The First Numbered Ticket Was:	The Last Numbered Ticket Was:	

I, the printer of the tickets used in the raffle described herein, do hereby state, under penalty of false statement, that the tickets were numbered consecutively and there were no duplications.

Print Name of Printer	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	Date
1.			
2.			
3.			

Print Name of Ranking Officer	Signature	Telephone	Date