

**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION**

Charitable Games Accounting
165 Capitol Avenue
Hartford, CT 06106
Email: dcp.accounting@ct.gov
Web site: www.ct.gov/dcp



VERIFIED BAZAAR STATEMENT

CGF-6 Rev. 3/12

- 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, shall forward the **original** copy to the Department of Consumer Protection, 71 UFGUY; Ua Yg'5WVci bhjb[ž%) '7 Ud]hc`5 j YZ<UfhzfxZ7 H'\$*%\$* 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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TOWN WHERE BAZAAR WAS HELD	DATES BAZAAR WAS HELD
	COMMENCING: TERMINATING:

NAME OF EQUIPMENT DEALER	REGISTRATION NUMBER OF EQUIPMENT DEALER
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AMOUNT OF GROSS RECEIPTS \$	TOTAL EXPENSES \$	NET PROFIT \$
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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)	\$
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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.		\$

TOTAL EXPENSES (ADD ITEMS 1 THROUGH 9)	\$
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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.	\$	
5.	\$	
6.	\$	
7.	\$	
8.	\$	
9.	\$	
10.	\$	
11.	\$	
12.	\$	
13.	\$	
14.	\$	
15.	\$	

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
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