STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
License Services/Charitable Games
165 Capitol Avenue
Hartford, CT 06106
Email: DCP.GamingCharitable@CT.gov
Web site: www.ct.gov/dcp

APPLICATION FOR A PERMIT TO CONDUCT A BAZAAR OR RAFFLE

CGR-2 REV. 06/13

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 fifteen business days prior to such bazaar/raffle.
2. The Chief of Police/First Selectman shall forward the original copy to the Department of Consumer Protection, 165 Capitol Ave., Hartford, CT 06106, at least ten 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 Consumer Protection)*

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)

1 ☐ An educational or charitable organization
2 ☐ A civic, service or social club
3 ☐ A fraternal or fraternal benefit society
4 ☐ A church or religious organization
5 ☐ An officially recognized organization or association of veterans of any war in which the U.S. was engaged
6 ☐ An officially recognized volunteer fire company
7 ☐ A political party or town committee of the municipality in which the bazaar or raffle is to be held

IS ORGANIZATION NONPROFIT? ☐ YES ☐ 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? ☐ YES ☐ 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

GIVE 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? ☐ YES ☐ NO

IF NO: Container Is To Be ☐ Rented ☐ 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

GIVE 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? ☐ YES ☐ NO

IF NO: Equipment Is To Be ☐ Rented ☐ 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

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

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)*

State the specific purpose to which the entire net proceeds of such bazaar/raffle are to be devoted and in what manner:

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 residents of the State of Connecticut.

NAME *(First, Middle, Last)*	**DATE OF BIRTH** *(Mo., Day, Yr.)*	**ELECTOR IN CITY OR TOWN OF:**
ADDRESS *(No. and Street)* *(City or Town)* *(State)* *(Zip Code)*		**TELEPHONE NUMBER**
NAME *(First, Middle, Last)*	**DATE OF BIRTH** *(Mo., Day, Yr.)*	**ELECTOR IN CITY OR TOWN OF:**
ADDRESS *(No. and Street)* *(City or Town)* *(State)* *(Zip Code)*		**TELEPHONE NUMBER**
NAME *(First, Middle, Last)*	**DATE OF BIRTH** *(Mo., Day, Yr.)*	**ELECTOR IN CITY OR TOWN OF:**
ADDRESS *(No. and Street)* *(City or Town)* *(State)* *(Zip Code)*		**TELEPHONE NUMBER**
SIGNATURE OF RANKING OFFICER *(Officer must be listed as such on front of form)*	**TITLE OF RANKING OFFICER**	**DATE** *(Mo., Day, Yr.)*

APPLICATION IS HEREBY ☐ **APPROVED** ☐ **DENIED**	**SIGNATURE OF CHIEF OF POLICE OR FIRST SELECTMAN**	**CITY OR TOWN**	**DATE** *(Mo., Day, Yr.)*
Application for Bazaar or Raffle Permit is approved for issuance		**DATE** *(Mo., Day, Yr.)*	

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STATEMENT OF ACTIVE MEMBERS

CGR-2A REV. 06/13

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 a resident of the State of Connecticut.**
2. **I am a bonafide active member of the sponsoring organization making this application to conduct a bazaar or 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 bazaar or raffle in accordance with the terms of the permit, the provisions of the Act, and regulations of the Commissioner of the Department of Consumer Protection.**
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 "fifty-fifty" coupon game, or a "Class No. 1", "Class No. 2" or "Class No. 4" traditional, cow-chip, duck-race or frog-race 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.**
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 a dedicated bank account approved by the Commissioner of Consumer Protection, and all raffle expenses shall be paid from such account.**
   d. **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, 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 *(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	DATE *(Mo., Day, Yr.)*	SIGNATURE OF CHIEF OF POLICE OR FIRST SELECTMAN
☐ APPROVED ☐ DENIED		

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COW-CHIP RAFFLE ACTIVITY SHEET

CGR-2C REV. 06/13

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 Department of Consumer Protection, 165 Capitol Ave., Hartford, CT 06106.**

TO: DEPARTMENT OF CONSUMER PROTECTION

NAME OF ORGANIZATION	*(No. and Street)*	*(City or Town)*	*(State)*	*(Zip Code)*

GIVE THE DIMENSIONS OF THE COW-CHIP RAFFLE LAND AREA

NUMBER OF INDIVIDUAL PLOTS TO BE UTILIZED	WILL PLOTS BE CONSECUTIVELY NUMBERED? ☐ YES ☐ NO
WILL EACH PLOT BE OF EQUAL DIMENSION? ☐ YES ☐ NO	WILL THE AREA BE ENCLOSED? ☐ YES ☐ NO

IN WHAT MANNER?

Through the use of snow fence

WILL A CHECKING ACCOUNT BE ESTABLISHED AS REQUIRED PURSUANT TO THE CONNECTICUT GENERAL STATUTES? ☐ YES ☐ NO	WILL AN INFORMATION BOARD BE POSTED AND HAVE PRINTED THEREON: A DISPLAY OF THE CONSECUTIVELY NUMBERED PLOTS OF THE COW-CHIP RAFFLE EVENT, AND THE TIME OF THE COW-CHIP RAFFLE EVENT? ☐ YES ☐ NO

DESCRIBE THE MANNER IN WHICH WINNERS IN THE COW-CHIP RAFFLE WILL BE DETERMINED: