

APPLICATION FOR A PERMIT TO
CONDUCT A BAZAAR OR RAFFLE
CGR-2 REV 4/98

STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES
Division of Special Revenue
Charitable Games
555 Russell Road, P.O. Box 11424
Newington, CT 06111



INSTRUCTIONS:

1. A ranking officer of the sponsoring organization must fill out this form in duplicate.
2. The completed form shall be submitted to the Chief of Police or First Selectman of the municipality where the bazaar or raffle is to be held at least ten business days prior to such bazaar or raffle.
3. The Chief of Police or First Selectman shall forward the original copy to the Division of Special Revenue at least five business days prior to the effective date of the bazaar or raffle.

TYPE AND CLASS OF PERMIT DESIRED Class 3 Bazaar		PERMIT NUMBER (To Be Assigned By Special Revenue)	
NAME OF SPONSORING ORGANIZATION St. John's Church - Men's Club		TELEPHONE NUMBER (860) 555-1000	
ADDRESS OF SPONSORING ORGANIZATION (No. and Street) 263 Cedar Mountain Road,		(City or Town) Anytown,	(State) (Zip Code) CT 06000

CHECK ORGANIZATION CATEGORY

- | | |
|---|---|
| 01 <input type="checkbox"/> An educational or charitable organization | 05 <input type="checkbox"/> An officially recognized organization or association of veterans of any war in which the U.S. was engaged |
| 02 <input type="checkbox"/> A civic or service club | 06 <input type="checkbox"/> An officially recognized volunteer fire company |
| 03 <input type="checkbox"/> A fraternal or fraternal benefit society | 07 <input type="checkbox"/> A political party or town committee of the municipality in which the bazaar or raffle is to be held |
| 04 <input checked="" type="checkbox"/> A church or religious organization | |

DATE ORGANIZED OR INCORPORATED June 20, 1965	IS ORGANIZATION NONPROFIT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Has organization been functioning as a nonprofit in the municipality in which permit is requested for at least six months? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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LIST OF OFFICERS OF SPONSORING ORGANIZATION

TITLE	NAME (First, Middle, Last)	ADDRESS (No., Street, City or Town, State, Zip)	DATE OF BIRTH (Mo., Day, Year)
President	William Couto	36 Marlborough St., Newington, CT 06111	07-16-30
Vice President	Trevor Smith	19 Eagle Drive, Wethersfield, CT 06109	02-27-35
Treasurer	Edward McDonald	105 Townsend Lane, Rocky Hill, CT 06067	09-24-44

RAFFLE

GIVE THE DATES AND TIME WHEN THE RAFFLE IS TO BE CONDUCTED

COMMENCING DATE: N/A	TERMINATING DATE:	TIME OF DRAWING:	A.M. P.M.
PLACE WHERE DRAWING IS TO BE HELD (Name of Place) N/A	(No. and Street) N/A	(City or Town) N/A	(State) (Zip Code) N/A
Is the container owned absolutely by the sponsoring organization? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO: Container To Be <input type="checkbox"/> Rented <input type="checkbox"/> Borrowed	CONTAINER RENTAL FEE PAID \$ N/A	
FROM WHOM IS THE CONTAINER TO BE OBTAINED? (Name) N/A	(No. and Street) N/A	(City or Town) (State) (Zip Code) N/A	DEALER REGISTRATION NUMBER N/A
Does each ticket have printed thereon: the name of the sponsoring organization; the time, date, and place (number, street, town, state) of the drawing; price of the ticket; the three most valuable prizes; and the total number of prizes to be awarded? N/A <input type="checkbox"/> YES <input type="checkbox"/> NO			
NUMBER OF TICKETS TO BE PRINTED N/A	UNIT PRICE OF TICKETS TO BE SOLD N/A	DESCRIBE THE KIND OF RAFFLE TO BE CONDUCTED N/A	

BAZAAR

GIVE THE DATE(S) AND TIME(S) FOR EACH DAY THE BAZAAR IS TO BE CONDUCTED

March 23, 1999 6:00 pm to 10:00 pm, March 24, 1999 6:00 pm to 10:30 pm, March 25, 1999 5:00 pm to 11:00 pm

PLACE WHERE THE BAZAAR IS TO BE CONDUCTED (Name of Place) St. John's Church Grounds,	(No. and Street) 263 Cedar Mountain Road,	(City or Town) Anytown,	(State) (Zip Code) CT 06000
NUMBER OF WHEELS AND GAMES OF CHANCE TO BE USED Total 6	DESCRIBE THE KIND OF BAZAAR TO BE CONDUCTED to be awarded to winners through means of chance		
Is the equipment owned absolutely by the sponsoring organization? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF NO: Equipment To Be <input checked="" type="checkbox"/> Rented <input type="checkbox"/> Borrowed	EQUIPMENT RENTAL FEE PAID \$ 450.00	
FROM WHOM ARE THE WHEELS AND GAMES OF CHANCE TO BE OBTAINED? (No. and Street) Registered Equipment Dealer Company,	(City or Town) (State) (Zip) Anytown, CT 06000	DEALER REGISTRATION NUMBER 9990111-99BRD	

**BAZAAR ACTIVITY /
WORKER SHEET**
CGR-28 REV. 3/98

STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES
Division of Special Revenue
Charitable Games
555 Russell Road, P.O. Box 11424
Newington, CT 06111



SAMPLE

1. PRINT OR TYPE
2. PREPARE IN DUPLICATE
3. ONE COPY TO BE RETAINED BY MUNICIPALITY

TO: DIVISION OF SPECIAL REVENUE	PERMIT NUMBER (To Be Assigned By Special Revenue)
NAME OF ORGANIZATION (Number & Street)	(City or Town) (State) (Zip Code)
St. John's Church - Men's Club, 263 Cedar Mountain Road,	Anytown, CT 06000

GAMES OF CHANCE TO BE OPERATED

TYPE	NUMBER TO BE OPERATED	DESCRIPTION
CASH "MONEY-WHEEL"	ONE (1)	"Big Six Wheel" awarding cash prizes not to exceed \$25.00 to each winner per wager.
WHEEL	TWO (2)	Numbers determine winner for prize - 1st wheel awarding Plush items; 2nd wheel awarding baked goods.
"FIFTY-FIFTY" COUPON GAME	ONE (1)	Coupon holder receives fifty percent of the "fifty-fifty" coupon game sales for each coupon drawing conducted. (Not to exceed three drawings per day.)
TEACUP RAFFLE	ONE (1)	A single drawing from each container will be conducted to determine the winners of the prizes. Prizes to exceed \$100.00 each in value. Awarding as prizes; a lamp, afghan, electric can opener, hand mixer, walkman, etc.
OTHER GAMES OF CHANCE	ONE (1)	Knock-A-Block - Numbered blocks are stacked and a ball is swung to knock them down. Numbers facing up must total 25 or more. Awarding plush items as prizes.

TOTAL NUMBER TO BE OPERATED: Six (6)	TOTAL NUMBER OF MEMBERS OPERATING GAMES OF CHANCE EQUIPMENT:	SEVENTY (70)
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PLEASE NOTE: Only bonafide, active members of a sponsoring organization who are eighteen years of age or older may operate games of chance equipment.

DO NOT WRITE BELOW THIS LINE

Number of Placards Issued	Date Issued	Signature of Issuing Liaison Officer	Date
		Signature of Designated Active Member	Date

****INSTRUCTIONS TO COMPLETE A BAZAAR APPLICATION****

Please complete each section on the Application for a Permit to Conduct a Bazaar or Raffle (CGR-2) form, the Statement of Active Members (CGR-2A) form, and the Bazaar Activity/Worker Sheet (CGR-2B) form. A step by step set of instructions is listed below in order to ensure proper completion of the forms. Please keep in mind that a bazaar event only encompasses games of chance and not games of skill.

APPLICATION FOR A PERMIT TO CONDUCT A BAZAAR OR RAFFLE (CGR-2)

1. Specify the type and class of permit desired.
Example: Class 3 Bazaar.
2. Provide a complete name and address (number, street, city/town, state, zip) of the sponsoring organization.
3. Provide a telephone number.
4. Check one of the seven (7) categories that best suits your organization.
5. Provide the date your organization was organized or incorporated.
6. Indicate if the organization is nonprofit and if the organization has been functioning as nonprofit in the municipality in which the permit is requested for at least six months.
7. Provide the title, complete name (first, middle, last), complete home address (number, street, city/town, state, zip) and a complete date of birth (month, day, year) for each officer of the sponsoring organization.

The section titled "Raffle" should be marked not applicable (N/A) since this is an application for a Bazaar permit. Note: If an organization requires both a raffle permit and a bazaar permit, separate paperwork must be filed.

8. Provide the date(s) (month, day, year) and time(s) (including a.m. or p.m.) for each day the bazaar is to be conducted.
9. Provide a complete address of the place where the bazaar is to be held (place, number, street, city/town, state, zip).
10. Provide the number of wheels and games of chance to be used.

Sample Bazaar Application Instructions

11. Describe the kind of bazaar to be conducted: Depending upon the type of prizes to be awarded, descriptions of the kind of bazaar to be conducted would include "Merchandise and cash prizes awarded through means of chance", "Merchandise prizes awarded through means of chance" or "Cash prizes awarded through means of chance".
12. Indicate if the equipment is owned absolutely by the sponsoring organization and, if not, indicate if the equipment is to be rented or borrowed. If the equipment is to be rented, the equipment rental fee to be paid must be provided.
13. If the equipment is to be rented or borrowed, a complete name and address (name, number, street, city/town, state, zip) of the equipment dealer/organization from whom the equipment is to be obtained must be provided. If the equipment is to be rented, it **must** be rented from a Bazaar and Raffle Equipment Dealer that is registered with the Division of Special Revenue, and the equipment rental fee paid and dealer's registration number must be provided.
14. The **expense section** must be completed by listing the monetary value of the expenses intended to be incurred or paid in connection with the holding, operating and conducting of the bazaar, **COMPLETE** names and addresses (number, street, city/town, state, zip) of the persons to whom the expenses are to be paid, and the purposes for which they are to be paid. **Note:** Expenses such as the permit fees, equipment rental fee, 50/50 coupon game or teacup raffle tickets, and any prizes purchased by the organization must be listed as well.
15. The **merchandise section** must be completed by:
 - **SEPARATELY** listing all items of merchandise offered as prizes at the bazaar
 - indicating "Yes" or "No" as to whether or not the items of merchandise are donated
 - providing the retail value of all donated items
 - providing the amount paid for items purchased by the organization
 - providing **COMPLETE** names and addresses (number, street, city/town, state, zip) from whom the items of merchandise were purchased or by whom donated
16. State the specific purpose to which the entire net proceeds of the bazaar are to be devoted and in what manner.
17. Give the complete names, complete **home** addresses (number, street, city/town, state, zip), dates of birth (month, day, year) and telephone numbers for each of the three Designated Active Members, and provide the city or town in which each is an elector. **Note:** The three Designated Active Members **MUST** be electors in the city or town in which the permit is sought, and they must be at least eighteen years of age.

