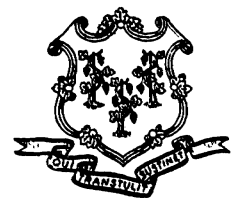


**APPLICATION FOR A PERMIT TO
CONDUCT A BAZAAR OR RAFFLE**
CGR-2 REV 4/98

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 | PERMIT NUMBER (To Be Assigned By Special Revenue) |
| NAME OF SPONSORING ORGANIZATION | TELEPHONE NUMBER | |
| | () | - |
| ADDRESS OF SPONSORING ORGANIZATION (No. and Street) | (City or Town) | (State) (Zip Code) |

CHECK ORGANIZATION CATEGORY

- | | |
|---|---|
| <p>01 <input type="checkbox"/> An educational or charitable organization</p> <p>02 <input type="checkbox"/> A civic or service club</p> <p>03 <input type="checkbox"/> A fraternal or fraternal benefit society</p> <p>04 <input type="checkbox"/> A church or religious organization</p> | <p>05 <input type="checkbox"/> An officially recognized organization or association of veterans of any war in which the U.S was engaged</p> <p>06 <input type="checkbox"/> An officially recognized volunteer fire company</p> <p>07 <input type="checkbox"/> A political party or town committee of the municipality in which the bazaar or raffle is to be held</p> |
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| | | |
|--------------------------------|--|--|
| DATE ORGANIZED OR INCORPORATED | IS ORGANIZATION NONPROFIT? <input 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 type="checkbox"/> YES <input type="checkbox"/> NO |
|--------------------------------|--|--|

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) |
|-------|-------------------------------|--|-----------------------------------|
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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? <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 \$ |
|---|---|---------------------------------|

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|--|----------------------------|
| FROM WHOM IS THE CONTAINER TO BE OBTAINED? (Name) (No. and Street) (City or Town) (State) (Zip Code) | DEALER REGISTRATION NUMBER |
|--|----------------------------|

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? YES NO

ORGANIZATION MUST ATTACH SAMPLE TICKET

| | | |
|---------------------------------|----------------------------------|---|
| 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) |
|---|------------------|----------------|---------|------------|

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| NUMBER OF WHEELS AND GAMES OF CHANCE TO BE USED | DESCRIBE THE KIND OF BAZAAR TO BE CONDUCTED |
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| | | |
|---|---|---------------------------------|
| Is the equipment owned absolutely by the sponsoring organization? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF NO: Equipment To Be <input type="checkbox"/> Rented <input type="checkbox"/> Borrowed | EQUIPMENT RENTAL FEE PAID \$ |
|---|---|---------------------------------|

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|--|----------------------------|
| FROM WHOM ARE THE WHEELS AND GAMES OF CHANCE TO BE OBTAINED? (No. and Street) (City or Town) (State) (Zip) | 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 |
|---------|--------|------------------|----------------|---------|---------|
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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 | AMOUNT PAID BY ORG. | (Name) | (No. and Street) | (City or Town) | (State) |
|-------------|----------------|--------------|---------------------|--------|------------------|----------------|---------|
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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 electors in the city or town in which the permit is sought.

| | | | | | |
|--|--|--------------------------------|--------------------------|-----------------------------|-----------------------------|
| NAME (First, Middle, Last) | | DATE OF BIRTH (Mo., Day, Year) | | 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, Year) | | 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, Year) | | 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, Year) |

| | | |
|---|-----------------------|---|
| APPLICATION IS HEREBY | DATE (Mo., Day, Year) | SIGNATURE OF CHIEF OF POLICE OR FIRST SELECTMAN |
| <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED | | |