



STATE OF CONNECTICUT  
 DEPARTMENT OF REVENUE SERVICES  
 Division of Special Revenue  
 85 Alumni Road, Newington, CT 06111

- INSTRUCTIONS**
1. The three designated active members of the Sponsoring Organization must complete this form in duplicate.
  2. If additional space is needed for any entry, attach additional sheet(s).
  3. 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.
  4. The Chief of Police or First Selectman, as the case may be, shall forward the original copy to the Division of Special Revenue, within five (5) business days.

NAME OF SPONSORING ORGANIZATION		PERMIT NO.
ADDRESS OF SPONSORING ORGANIZATION		
	<i>(No. and Street)</i>	<i>(City or Town)</i>
	<i>(State)</i>	<i>(Zip Code)</i>
CLASS OF RAFFLE HELD	RAFFLE DATES	
	COMMENCING:	TERMINATING:
WAS THIS A COW-CHIP RAFFLE?	PLACE AND TOWN WHERE RAFFLE WAS HELD	
YES                      NO		
AMOUNT OF GROSS RECEIPTS	TOTAL EXPENSES	NET PROFIT
\$	\$	\$
GIVE THE NUMBER OF TICKETS SOLD AND THE PRICE PER TICKET	GIVE THE NUMBER OF UNSOLD TICKETS (THESE TICKETS MUST BE KEPT WITH ALL OTHER RECORDS FOR ONE (1) YEAR.)	
# _____ @ \$ _____		

**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.		\$
10.		\$
11.		\$
12.		\$
<b>TOTAL EXPENSES (ADD ITEMS 1 THROUGH 12)</b>		<b>\$</b>

**LIST THE USES TO WHICH THE NET PROFIT HAS BEEN OR IS TO BE APPLIED.**

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LIST EACH PRIZE OFFERED, THE RETAIL VALUE, THE NAME AND ADDRESS OF THE PERSON WHO WAS AWARDED SUCH PRIZE, AND THE WINNING TICKET NUMBER.

PRIZE OFFERED/AWARDED	RETAIL VALUE	NAME AND ADDRESS OF PRIZE RECIPIENT	WINNING TICKET #
1.	\$		
2.	\$		
3.	\$		
4.	\$		
5.	\$		
6.	\$		

**STATEMENT OF PRINTER OF TICKETS**

NAME		NAME OF BUSINESS		
I,	OF			
BUSINESS ADDRESS	(No. and Street)	(City or Town)	(State)	(Zip Code)
PRINTER OF THE TICKETS USED IN SAID RAFFLE, DO HEREBY STATE, UNDER PENALTY OF FALSE STATEMENT, THAT				
THE TOTAL NUMBER OF TICKETS WAS:	THE FIRST NUMBERED TICKET WAS:	THE LAST NUMBERED TICKET WAS:		
THE TICKETS WERE NUMBERED CONSECUTIVELY AND THERE WERE NO DUPLICATIONS.				
SIGNATURE OF PRINTER OF TICKETS			DATE	

**STATEMENT OF ACTIVE MEMBERS, DESIGNATED BY SPONSORING ORGANIZATION**

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 NO.	DATE
1.			
2.			
3.			

**SIGNATURE OF RANKING OFFICER**

SIGNATURE OF RANKING OFFICER OF SPONSORING ORGANIZATION	DATE
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**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.\*

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SIGNATURE OF POLICE CHIEF/FIRST SELECTMAN		TOWN	DATE
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