



**INSTRUCTIONS:**

- 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 ten business days prior to such bazaar/raffle.
- The Chief of Police/First Selectman shall forward the original copy to the Department of Consumer Protection, %) '7Ud]rc`' 5j YZ < UfzcfX, CT 061S\* , at least five 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)**

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|--|--|
| 1 <input type="checkbox"/> An educational or charitable organization<br>2 <input type="checkbox"/> A civic, service or social club<br>3 <input type="checkbox"/> A fraternal or fraternal benefit society<br>4 <input type="checkbox"/> A church or religious organization | 5 <input type="checkbox"/> An officially recognized organization or association of veterans of any war in which the U.S. was engaged<br>6 <input type="checkbox"/> An officially recognized volunteer fire company<br>7 <input type="checkbox"/> A political party or town committee of the municipality in which the bazaar or raffle is to be held |
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IS ORGANIZATION NONPROFIT? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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
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**LIST OF OFFICERS OF SPONSORING ORGANIZATION**

TITLE	NAME <small>(First, Middle, Last)</small>	ADDRESS <small>(No., Street, City or Town, State, Zip)</small>	DATE OF BIRTH <small>(Mo., Day, Yr.)</small>

**RAFFLE**

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

COMMENCING DATE:	TERMINATING DATE:	TIME OF DRAWING:
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 Is To Be <input type="checkbox"/> Rented <input type="checkbox"/> 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
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**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? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO: Equipment Is To Be <input type="checkbox"/> Rented <input type="checkbox"/> Borrowed
FROM WHOM ARE THE GAMES OF CHANCE TO BE OBTAINED? (No. and Street)	(City or Town) (State) (Zip Code)
EQUIPMENT RENTAL FEE PAID \$	
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 electors in the city or town in which the permit is sought.

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	SIGNATURE OF CHIEF OF POLICE OR FIRST SELECTMAN		CITY OR TOWN		DATE (Mo., Day, Yr.)
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED					
Application for Bazaar or Raffle Permit is approved for issuance			DATE (Mo., Day, Yr.)		