TOWN OF KILLINGLY, CT Town Manager's Office 172 Main Street Killingly, CT 06239

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Phone: 860-779-5334

J	For Official Use Only	

## Application for a Permit to Conduct a Class 3 Bazaar

Instructions:

- 1. The completed form shall be submitted to: at least fifteen (15) days prior to the start of the bazaar.
- 2. Applying organization must be a qualifying non-profit functioning for a minimum of six (6) months.
- 3. Your application must be completed, signed, and accompanied by a check or money order made payable to "Permit Fee is \$ .00 per day for up to ten (10) consecutive days.

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Name of Sponsoring Org	ganization	W 82	37			-				
If this organization previously held a bazaar permit, list permi				t number: Federal ID Number IRS Exempt Status Co					ot Status Code	
Street Address			City				State	Zip Code		
Mailing Address (if differ	different than above) City State					Zip Code				
Telephone Number (with area code) En				mail Address						
Contact Person for this A	pplication	Contact 7	Γelepho	one Numb	er	Contact Email Add	dress			
Organization Category (c	heck only one):	L								
O An educational or charit	able organization			O An officially recognized organization or association of veterans of any war in which the U. S. was engaged						
A civic, service, or social club				An officially recognized volunteer fire company						
A fraternal or fraternal b	A fraternal or fraternal benefit society  A political party or town committee of the municipal which the raffle is to be held					unicipality in				
A church or religious or	ganization		38.50							
Give the names of the tast to be conducted. Thes Members must be resident	e individuals w	ill affix the	eir sign	pers of the ature to fo	spo	onsoring organizati CGR-1A. The three	on und e (3) D	ler w esign	hom the bazaar ated Active	
First Name	Last Name			Telephone	N	umber (with area co	de) I	Date o	of Birth (mm/dd/yyyy)	
First Name	Last Name			Telephone	one Number (with area coo			de) Date of Birth (mm/dd/yyyy)		
First Name	Last Name			Telephone Number (with area coo			de) Date of Birth (mm/dd/yyyy)			
Ranking Officer Name Tit			Title	le				Date of Birth (mm/dd/yyyy)		
Residence Street Address			City				Sta	State Zip Code		

Provide the date(s) and starting and ending time(s) for each day the bazaar will be conducted:  Place Where Bazaar is to be Held: Name of Place  Greet Address  City  State  Zip Code  State  State  Zip Code  State  State  Total:  Teacup Raffle  Total:  50/50 (up to 3 drawings per day)  f applicable, from whom are the games of chance equipment to be obtained:  Registered Dealer Name  Dealer Registration Number  Equipment Rental Fee Paid  List the items of expense intended to be incurred or paid in connection with the holding, operating, and conducting of such bazaar and the names and addresses of the persons to whom, and the purposes for which, they are to be paid.  *Attach additional sheets as necessary.	Bazaar Description:	W				W 1 11 10 10 10 10 10 10 10 10 10 10 10 1					-W
Author of Place    State   Sta		nd <b>starting</b> a	nd ending	g time(s) fo	or each	day the baz	zaar w	ill be conducted	d:		12.10
Author of Place    State   Sta											
Author of Place    State   Sta	Place Where Bazaar	is to be Held	l <b>:</b>						3200		
Separately list in detail all items offered as prizes in connection with such bazaar, 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 presons from whom the items were purchased or by whom donated.   Amt. Paid Yes/No Value   Donated Retail Amt.   Amt. Paid Yes/No Value   Donated State the specific purpose to which the entire net proceeds of such bazaar are to be devoted.   Certify, under penalty of law (Sec. 53a-157b, Class A Misdemeanor), that the information provided on this upplication is the truth to the best of my knowledge.	Name of Place										
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Blower Ball/Cage Ball Total: Total: Teacup Raffle Total: T	Street Address				City				State	Zip C	Code
Blower Ball/Cage Ball Total: Total: Teacup Raffle Total: T	T 40 1	- 121 I									
Other   Total   Tota							D (0				<del>-</del> /s
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