TOWN OF KILLINGLY, CT Town Manager's Office 172 Main Street Killingly, CT 06239 Email: jlaroche@killinglyct.gov

Email: jlaroche@killinglyct.gov Web site: www.killinglyct.gov

Phone: 860-779-5350

For Official Use Only	

State

Zip Code

Application for a Permit to Conduct a Raffle

Instructions:

Residence Street Address

- 1. The completed form shall be submitted to: at least fifteen (15) days prior to the start of the raffle.
- 2. This application must include a sample draft of the raffle ticket.
- 3. Applying organization must be a qualifying non-profit functioning for a minimum of six (6) months.
- 4. Your application must be completed, signed, and accompanied by a check or money order made payable to "Fee schedule is on page 2 of this application.

Name of Sponsoring Orga	anization								
If this organization previous	usly held a raffle	permit, lis	t permi	t number:	F	ederal ID Number	IRS Exe	mpt Status Code	
							501(c	:) -	
Street Address			City		_		State	Zip Code	
Mailing Address (if differe	ent than above)		City				State	Zip Code	
0 (,							1	
Telephone Number (with	area code)		Email	Address				1	
(,								
Contact Person for this A	pplication	Contact '	Telepho	one Numbe	er	Contact Email Add	ress		
			•						
Organization Category (cl	neck only one).				_				
	•			An An	offi	cially recognized organi	zation or a	ssociation of	
O An educational or charita	able organization			O All vete	eran	s of any war in which th	ne U. S. wa	s engaged	
• A civic, service, or social	club			O An	, , , , , , , , , , , , , , , , , , , ,				
A fraternal or fraternal be	enefit society				A political party or town committee of the municipality in which the raffle is to be held				
A church or religious org	ganization								
Give the names of the th	ree (3) Designat	ed Active	Membe	ers of the s	por	soring organization	under w	nom the raffle	
is to be conducted. These					e st	atement form. The t	hree (3) I	Designated	
Active Members must be		state of (1 / 1 1 1 1	I D.	(Dial)	
First Name	Last Name		1	elephone I	Nu	mber (with area code)	Date	of Birth (mm/dd/yyyy)	
								(D) 1	
First Name	Last Name		T	Telephone I	Nu	mber (with area code)) Date o	of Birth (mm/dd/yyyy)	
First Name	Last Name		T	elephone l	Nu	mber (with area code)	Date o	of Birth (mm/dd/yyyy)	
							D : 41	Di di	
Ranking Officer Name			Title				Date of	Birth (mm/dd/yyyy)	

City

Yes/No Value by Org. State the specific purpose to which the entire net proceeds of such raffle are to be devoted. I certify, under penalty of law (Sec. 53a-157b, Class A Misdemeanor), that the information provided on this application is the truth to the best of my knowledge.	Raffle Classific	ation:										
total of \$15,000 total of \$2,000 Max, time 3 months Max, time 1 month Max, tim	Class I \$.	00	O Class	II \$.00	O Clas	s IV \$.00	_			_	
Max. time 9 months Max. time 9 months Max. time 9 months Max. time 9 months Allowed 1 per year Allowed 1 per year Allowed 3 per year Allowed 3 per year Allowed 5		prize			e prize							
Allowed 1 per year Raffle Description: Winner Need Not Be Present		_		-			- 1					
Raffle Description: Winner Need Not Be Present Duck Race Winner Must Be Present (must be on ticket)												
Winner Need Not Be Present Duck Race Duck Race Winner Must Be Present (must be on ticket)			·Allowed	3 per	year	·Allowe	ed 1 per year	•Апоч	vea 5 per ye	ar ·	Alloweu	per year
Cow Chip	Raffle Descript	ion:		-								
Cash Prize (dedicated bank account info required) Special Tuition (dedicated bank account info required) Bank Name Dedicated Account Number	Winner Need	Not Be F	resent		☐ Duc	k Race						
Gedicated bank account info required Bank Name Dedicated Account Number	Cow Chip											
Starting Date of Sales		nk accou	nt info requ	ired)	Bank N	ame		Ded	icated Accou	nt Num	lber	
Starting Date of Sales Drawing Date Time of Drawing And Plant			nt info requ	ired)	Bank N	ame		Ded	icated Accou	nt Num	ber	
Name of Place City					Dra	wing Da	te		Time o	f Drawi	ng	OAN
Number of Tickets to be Printed Unit Price of Tickets to be Sold (only one price) Place Where Drawing is to be Held: Name of Place Street Address City State Zip Code List the items of expense intended to be incurred or paid in connection with the holding, operating, and conducting of such raffle 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. Expense (\$) Name Street Address City State Purpose Separately list in detail all items offered as prizes in connection with such 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. *Attach additional sheets as necessary. Merchandise Donated Retail Value by Org. Name Street Address City State State the specific purpose to which the entire net proceeds of such raffle are to be devoted. Tecrtify, under penalty of law (Sec. 53a-157b, Class A Misdemeanor), that the information provided on this application is the truth to the best of my knowledge.	Juli III G Dute of	Suics									-0	
Place Where Drawing is to be Held: Name of Place Street Address City State Zip Code List the items of expense intended to be incurred or paid in connection with the holding, operating, and conducting of such raffle 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. Expense (\$) Name Street Address City State Purpose Separately list in detail all items offered as prizes in connection with such 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. *Attach additional sheets as necessary. Merchandise Donated Retail Yes/No Value Value Amt. Paid Yes/No Value Value Street Address City State Street Address City State State the specific purpose to which the entire net proceeds of such raffle are to be devoted. Teertify, under penalty of law (Sec. 53a-157b, Class A Misdemeanor), that the information provided on this application is the truth to the best of my knowledge.								7. 1	1 0 11/ 1			0 11
Street Address City State Zip Code List the items of expense intended to be incurred or paid in connection with the holding, operating, and conducting of such raffle 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. Expense (\$) Name Street Address City State Purpose Separately list in detail all items offered as prizes in connection with such 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. *Attach additional sheets as necessary. Merchandise Donated Retail Amt. Paid Name Street Address City State Yes/No Value by Org. State the specific purpose to which the entire net proceeds of such raffle are to be devoted. T. certify, under penalty of law (Sec. 53a-157b, Class A Misdemeanor), that the information provided on this application is the truth to the best of my knowledge.	Number of Tick	ets to be	Printed				Unit Price of 1	ickets to	be Sola (onl	y one pr	nce)	
Street Address City State Zip Code List the items of expense intended to be incurred or paid in connection with the holding, operating, and conducting of such raffle 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. Expense (\$) Name Street Address City State Purpose Separately list in detail all items offered as prizes in connection with such 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. *Attach additional sheets as necessary. Merchandise Donated Retail Amt. Paid Name Street Address City State Yes/No Value by Org. State the specific purpose to which the entire net proceeds of such raffle are to be devoted. I certify, under penalty of law (Sec. 53a-157b, Class A Misdemeanor), that the information provided on this application is the truth to the best of my knowledge.												
City State Zip Code List the items of expense intended to be incurred or paid in connection with the holding, operating, and conducting of such raffle 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. Expense (\$) Name Street Address City State Purpose Separately list in detail all items offered as prizes in connection with such 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. *Attach additional sheets as necessary. Merchandise Donated Retail Amt. Paid Name Street Address City State Yes/No Value by Org. State the specific purpose to which the entire net proceeds of such raffle are to be devoted. I certify, under penalty of law (Sec. 53a-157b, Class A Misdemeanor), that the information provided on this application is the truth to the best of my knowledge.		awing i	s to be Hel	ld:								
List the items of expense intended to be incurred or paid in connection with the holding, operating, and conducting of such raffle 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. Expense (\$) Name Street Address City State Purpose Separately list in detail all items offered as prizes in connection with such 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. *Attach additional sheets as necessary. Merchandise Donated Retail Amt. Paid Name Street Address City State Yes/No Value by Org. State the specific purpose to which the entire net proceeds of such raffle are to be devoted. I certify, under penalty of law (Sec. 53a-157b, Class A Misdemeanor), that the information provided on this application is the truth to the best of my knowledge.	Name of Place											
List the items of expense intended to be incurred or paid in connection with the holding, operating, and conducting of such raffle 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. Expense (\$) Name Street Address City State Purpose Separately list in detail all items offered as prizes in connection with such 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. *Attach additional sheets as necessary. Merchandise Donated Retail Amt. Paid Name Street Address City State Yes/No Value by Org. State the specific purpose to which the entire net proceeds of such raffle are to be devoted. I certify, under penalty of law (Sec. 53a-157b, Class A Misdemeanor), that the information provided on this application is the truth to the best of my knowledge.												
of such raffle 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. Expense (\$) Name Street Address City State Purpose Separately list in detail all items offered as prizes in connection with such 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. *Attach additional sheets as necessary. Merchandise Donated Retail Amt. Paid by Org. Street Address City State by Org. State the specific purpose to which the entire net proceeds of such raffle are to be devoted. I certify, under penalty of law (Sec. 53a-157b, Class A Misdemeanor), that the information provided on this application is the truth to the best of my knowledge.	Street Address					Cit	y			State	Zip	Code
of such raffle 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. Street Address												
of such raffle 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. Street Address City State Purpose	Tink the items	- C	maa imtami	100 40 1	h. i	nod ou no	id in connectio	n with t	ho holding a	nonatir	or and co	nducting
*Attach additional sheets as necessary. Street Address City State Purpose	of such raffle	or expe	namas an	d addr	peepe of	the ners	ng to whom a	ind the n	urnoses for	which 1	thev are t	o he naid
Separately list in detail all items offered as prizes in connection with such 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. **Attach additional sheets as necessary.** Merchandise Donated Retail Amt. Paid Name Street Address City State						the perso	ons to whom, a	ind the p	diposes for	** IIICII, 1	oncy are o	o oc para.
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. *Attach additional sheets as necessary. Merchandise Donated Retail Amt. Paid Name Street Address City State		T		000000		et Addre	SS	City		State	Purpos	se
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. *Attach additional sheets as necessary. Merchandise Donated Retail Amt. Paid Name Street Address City State										1		
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. *Attach additional sheets as necessary. Merchandise Donated Retail Amt. Paid Name Street Address City State												
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. *Attach additional sheets as necessary. Merchandise Donated Retail Amt. Paid Name Street Address City State												
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. *Attach additional sheets as necessary. Merchandise Donated Retail Amt. Paid Name Street Address City State												
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. *Attach additional sheets as necessary. Merchandise Donated Retail Amt. Paid Name Street Address City State												
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. *Attach additional sheets as necessary. Merchandise Donated Retail Amt. Paid Name Street Address City State												
Yes/No Value by Org. State the specific purpose to which the entire net proceeds of such raffle are to be devoted. I certify, under penalty of law (Sec. 53a-157b, Class A Misdemeanor), that the information provided on this application is the truth to the best of my knowledge.	were donated, and addresses *Attach additi	list the of pers	price to boons from v	e paid vhom t	by the other the item	rganizat s were pı	ion or the retai	il value o whom d	of any prize onated.	donated		
State the specific purpose to which the entire net proceeds of such raffle are to be devoted. I certify, under penalty of law (Sec. 53a-157b, Class A Misdemeanor), that the information provided on this application is the truth to the best of my knowledge.	Merchandise						Name	S	reet Address	S	City	State
I certify, under penalty of law (Sec. 53a-157b, Class A Misdemeanor), that the information provided on this application is the truth to the best of my knowledge.			Yes/No	Valu	e b	y Org.						
I certify, under penalty of law (Sec. 53a-157b, Class A Misdemeanor), that the information provided on this application is the truth to the best of my knowledge.												
I certify, under penalty of law (Sec. 53a-157b, Class A Misdemeanor), that the information provided on this application is the truth to the best of my knowledge.												
I certify, under penalty of law (Sec. 53a-157b, Class A Misdemeanor), that the information provided on this application is the truth to the best of my knowledge.												
I certify, under penalty of law (Sec. 53a-157b, Class A Misdemeanor), that the information provided on this application is the truth to the best of my knowledge.												
I certify, under penalty of law (Sec. 53a-157b, Class A Misdemeanor), that the information provided on this application is the truth to the best of my knowledge.											-	
I certify, under penalty of law (Sec. 53a-157b, Class A Misdemeanor), that the information provided on this application is the truth to the best of my knowledge.												
I certify, under penalty of law (Sec. 53a-157b, Class A Misdemeanor), that the information provided on this application is the truth to the best of my knowledge.	State the spec	ific pur	ose to wh	ich the	e entire	net proce	eds of such rat	ffle are t	o be devoted			
application is the truth to the best of my knowledge.						•						
application is the truth to the best of my knowledge.						~						
							Misdemeanor),	that the	information	n provid	led on thi	3
Complete of Danking (Misson				est of r	ny know	ledge.				l D ·		
Signature of Ranking Officer Date	oignature of Rar	iking Of	ticer							Date	!	

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

Email: jlaroche@killinglyct.gov Web site: www.killinglyct.gov

Phone: 860-779-5350

F	or Officia	d Use Onl	y	

STATEMENT OF ACTIVE MEMBERS DESIGNATED BY SPONSORING ORGANIZATION UNDER WHOM THE RAFFLE IS TO BE HELD, OPERATED OR CONDUCTED

We, the undersigned, do hereby EACH make the following statement under the penalty of False Statement with respect to the foregoing application:

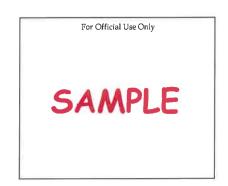
- 1. I am a resident of the state of Connecticut.
- 2. I am a bona fide active member of the sponsoring organization making this application to conduct a raffle and all statements contained in this application are true to the best of my knowledge and belief.
- 3. I will be responsible for the holding, operation and conduct of such raffle in accordance with the terms of the permit, the provisions of the Act, and regulations.
- 4. I have never been convicted of a felony.
- 5. I am familiar with the provisions of the Act which PROHIBIT:
 - a. The giving of cash prizes, except with an approved "Class No. 1", "Class No. 2", "Class No. 4", cow-chip, duck-race, golf ball drop ("Class No. 6" only), or frog-race raffle permit.
 - b. The giving of alcoholic beverages as prizes.
 - c. The giving of prizes redeemable for cash.
 - d. The paying of commission, salary, compensation, reward or recompense, directly or indirectly, to any person holding, operating, conducting or assisting therein in the operation of a raffle.
 - e. The promotion or operation of a raffle by other than duly qualified members of the sponsoring organization.
 - f. The giving of pay to any member for his time or effort in connection with a raffle.
 - g. The promotion, conduct or operation of a raffle by a person under the age of 18 or the permitting of same by the sponsoring organization.
 - h. The selling or promoting of the sale of raffle tickets by persons under the age of 16 years, or the permitting of the same by the sponsoring organization.
 - i. The use of funds derived from the raffle for purposes other than as stated in this application.
 - j. The paying of any monies except in reasonable amounts for goods, wares and merchandise furnished or services rendered which are necessary for the operation of a raffle.
- 6. I am familiar with the provisions of the Act which:
 - a. Provide that each raffle ticket shall have printed thereon the time, date and place of the raffle, the three most valuable prizes to be awarded and the total number of prizes to be awarded.
 - b. Require all proceeds from cash prize raffles to be deposited in a special checking account established and maintained by the sponsoring organization, and all raffle expenses and cash prizes awarded shall be paid from such account.
 - c. Require all proceeds from special tuition raffles to be deposited in an approved dedicated bank account and all raffle expenses shall be paid from such account.
 - d. Make mandatory the immediate revocation of a permit to conduct a raffle for a violation of the provisions of the Bazaar or Raffle Act, and which provide that an organization whose permit has been revoked for a violation shall not be granted another permit for a period of three years.
 - e. Provide a fine of not more than one thousand dollars or imprisonment for not more than one year or both for a violation of the Act.

PRINTED NAMES AND SIGNATURES OF DESIGNATED ACTIVE MEMBERS:						
NAME (Please print)	NAME (Please print)	NAME (Please print)				
1.	2.	3.				
SIGNATURE AND DATE	SIGNATURE AND DATE	SIGNATURE AND DATE				

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

Email: jlaroche@killinglyct.gov Web site: www.killinglyct.gov

Phone: 860-779-5350



Application for a Permit to Conduct a Raffle

Instructions:

- 1. The completed form shall be submitted to: at least fifteen (15) days prior to the start of the raffle.
- 2. This application must include a sample draft of the raffle ticket.
- 3. Applying organization must be a qualifying non-profit functioning for a minimum of six (6) months.
- 4. Your application must be completed, signed, and accompanied by a check or money order made payable to:

Name of Sponsoring Organization							
St. John's Church - Mens Clu	b						
If this organization previously held a raffle	permit, lis	t permit	number:	FE	EIN	IRS Exer	npt Status Code
RAFF.9999.CL5				06	6-1122334	501 (C	2) 3
Street Address		City				State	Zip Code
263 Cedar Mountain Rd		Anyto	own			CT	06000
Mailing Address (if different than above)		City				State	Zip Code
PO BOX 1		Anyto	own			CT	06000
Telephone Number (with area code)		Email A	Address				
(860) 555-5309		stjohi	nsmen@gmail.com				
Contact Person for this Application	Contact '	Telepho	one Number Contact Email Address				
William Couto	(860)	555-5	555		wcouto@gma	il.com	
Organization Category (check only one):							
An educational or charitable organization					rially recognized organi: s of any war in which th		
O A civic, service, or social club			An officially recognized volunteer fire company				npany
A fraternal or fraternal benefit society					cal party or town comm ne raffle is to be held	ittee of the	municipality in
A church or religious organization							
O. 1 . 1 . (a) The second of t	7 4		4.1			1 1	, 1 CCI

Give the names of the three (3) Designated Active Members of the sponsoring organization under whom the raffle is to be conducted. These individuals will affix their signature to the statement form. The three (3) Designated Active Members must be residents of the state of Connecticut.

First Name	Last Name	Telephone Number (with area code)	Date of Birth
William	Couto	(860) 555-5555	07/16/1942
First Name	Last Name	Telephone Number (with area code)	Date of Birth
Trevor	Smith	(860) 555-7236	08/27/1967
First Name	Last Name	Telephone Number (with area code)	Date of Birth
riist Name	Last Name	relephone runnber (with area code)	Dute of Dirti

Ranking Officer Name	Title	Date of Birth
William Couto	President	07/16/1942
Residence Street Address	City	State Zip Code
263 Pumpkin Delight	Anytown	CT 06000

Raffle Classification:										
Class I \$.00	O Class II \$.00	0	Class IV \$.00			ass \	V \$.00		
·Max. aggregate prize			ize -Ma	⁄lax. aggregate prize │ ∙M		·Max.	agg	regate pri:	ze Ma	ax. aggregate prize
total of \$15,000	total of \$2,000		tot	al o	f \$100			50,000		al of \$100,000
-Max. time 3 months	·Max. time 2 m	onth	ıs ∣⋅Ma	ax. t	ime 1 month	·Max.	tim	e 9 months	s ∙Ma	ax. time 12 months
·Allowed 1 per year	·Allowed 3 per	yeaı	r AI	low	ed 1 per year	·Allov	ved	5 per year	·A1	lowed 5 per year
Raffle Description: (Che	eck Only <u>One</u>)									
Winner Need Not Be Pr	resent	0	Duck Rac	e			0	Winner M	ust Be Pre	esent
O Cow Chip		0	Frog Race	3				(must be o	n ticket)	
Cash Prize (dedicated bank account info required) Bank Name			nk Name			Dedi	icate	d Accoun	Numbe	r
Special Tuition (dedicated bank accour	nt info required)	Ba	nk Name Dedicated Accoun			d Account	Numbe	r		
Starting Date of Sales			Drawing	g Da	ite		ì	Time of I	Drawing	O AM
January 25, 2015	5		May 2	5,	2015			06:00		⊙ PM
Number of Tickets to be	Printed				Unit Price of Ticl	kets to	be S	old (only	one price	e)
10,000					\$5.00					
Place Where Drawing is	to be Held:									
Name of Place										
St. John's Churcl	n Hall									
Street Address				Cit	y				State	Zip Code
263 Cedar Moun	tain Rd			An	ytown				CT	06000
List the items of exper of such raffle and the										

*Attach additional sheets as necessary.

Expense (\$)	Name	Street Address	City	State	Purpose
\$40.00	Town of Anytown	105 Cedar St.	Anytown	СТ	Permit Fee
\$250.00	Quick Printing Shop	93 Tremont St	Anywhere	СТ	Raffle ticket printing
\$1,500.00	Scenic Travel Agency	1 Reynolds Ln	Anywhere	СТ	Trip to Florida
\$32,000.00	Larry's Cadillac	95 Curtiss St	Anywhere	СТ	Raffle prize

Separately list in detail all items offered as prizes in connection with such 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.

*Attach additional sheets as necessary.

Merchandise	Donated	Retail	Amt. Paid	Name	Street Address	City	State
	Yes/No	Value	by Org.				
2014 Cadillac CTS	no	\$32,000.00	\$ 32,000.00	Larry's Cadillac	95 Curtiss St	Anywhere	CT
Trip to Florida	no	\$1,500.00	\$ 0.00	Scenic Travel Agency	1 Reynolds Ln	Anywhere	СТ
Kenwood CD player	yes	\$239.99	\$ 0.00	The Music Shop	1125 Park Ave	Next-Town	СТ
At&t cordless phone	yes	\$127.00	\$ 0.00	Bill's Phone & Appliance	12 Franklin Ave	Next-Town	СТ

State the specific purpose to which the entire net proceeds of such raffle are to be devoted.

To Help balance the budget for St. John's Catholic school

I certify, under penalty of law (Sec. 53a-157b, Class A Misdemeanor), that the information provided on this application is the truth to the best of my knowledge.

Signature of Ranking Officer	Date
William Couto	10/15/2014



STATEMENT OF ACTIVE MEMBERS DESIGNATED BY SPONSORING ORGANIZATION UNDER WHOM THE RAFFLE IS TO BE HELD, OPERATED OR CONDUCTED

We, the undersigned, do hereby EACH make the following statement under the penalty of False Statement with respect to the foregoing application:

- 1. I am a resident of the state of Connecticut.
- 2. I am a bona fide active member of the sponsoring organization making this application to conduct a raffle and all statements contained in this application are true to the best of my knowledge and belief.
- 3. I will be responsible for the holding, operation and conduct of such raffle in accordance with the terms of the permit, the provisions of the Act, and regulations.
- 4. I have never been convicted of a felony.
- 5. I am familiar with the provisions of the Act which PROHIBIT:
 - a. The giving of cash prizes, except with an approved "Class No. 1", "Class No. 2", "Class No. 4", cow-chip, duck-race, golf ball drop ("Class No. 6" only), or frog-race raffle permit.
 - b. The giving of alcoholic beverages as prizes.
 - c. The giving of prizes redeemable for cash.
 - d. The paying of commission, salary, compensation, reward or recompense, directly or indirectly, to any person holding, operating, conducting or assisting therein in the operation of a raffle.
 - e. The promotion or operation of a raffle by other than duly qualified members of the sponsoring organization.
 - f. The giving of pay to any member for his time or effort in connection with a raffle.
 - g. The promotion, conduct or operation of a raffle by a person under the age of 18 or the permitting of same by the sponsoring organization.
 - h. The selling or promoting of the sale of raffle tickets by persons under the age of 16 years, or the permitting of the same by the sponsoring organization.
 - i. The use of funds derived from the raffle for purposes other than as stated in this application.
 - j. The paying of any monies except in reasonable amounts for goods, wares and merchandise furnished or services rendered which are necessary for the operation of a raffle.
- 6. I am familiar with the provisions of the Act which:
 - a. Provide that each raffle ticket shall have printed thereon the time, date and place of the raffle, the three most valuable prizes to be awarded and the total number of prizes to be awarded.
 - b. Require all proceeds from cash prize raffles to be deposited in a special checking account established and maintained by the sponsoring organization, and all raffle expenses and cash prizes awarded shall be paid from such account.
 - c. Require all proceeds from special tuition raffles to be deposited in an approved dedicated bank account and all raffle expenses shall be paid from such account.
 - d. Make mandatory the immediate revocation of a permit to conduct a raffle for a violation of the provisions of the Bazaar or Raffle Act, and which provide that an organization whose permit has been revoked for a violation shall not be granted another permit for a period of three years.
 - e. Provide a fine of not more than one thousand dollars or imprisonment for not more than one year or both for a violation of the Act.

PRINTED NAMES AND SIGNAT	URES OF DESIGNATED ACTIVE MEMBERS	5:
NAME (Please print)	NAME (Please print)	NAME (Please print)
1. Trevor Smith	_{2.} William Couto	3. Edward McDonald
SIGNATURE AND DATE Trevor Smith 10/15/20	SIGNATURE AND DATE	SIGNATURE AND DATE
Trevor Smith 10/15/20	14 <i>William Couto</i> 10/15/2014	Edward McDonald 10/15/2014

Sample Raffle Application Instructions

INSTRUCTIONS TO COMPLETE A RAFFLE APPLICATION

Please complete each section on the Application for a Permit to Conduct a Raffle form, the Statement of Active Members form, and provide a sample raffle ticket. A step-by-step set of instructions is listed below in order to ensure proper completion of the forms.

APPLICATION FOR A PERMIT TO CONDUCT A RAFFLE

- 1. If the organization has a determination letter from the IRS confirming the organization's exempt status, please include a copy.
- 2. Provide a complete name and address (number, street, city/town, state, zip) of the sponsoring organization.
- 3. Provide a complete **mailing** address (number, street, city/town, state, zip) of the sponsoring organization.
- 4. Provide a telephone number and email address.
- 5. Provide the name, telephone number, and email address of the **contact** person for this application.
- 6. Choose one of the seven (7) categories that applies to your organization.
- 7. Give the complete name, telephone number, and date of birth (month, day, year) for each of the three Designated Active Members

Note: The three Designated Active Members <u>MUST</u> be residents of the State of Connecticut and at least <u>eighteen</u> years of age.

- 8. Provide the complete name (first, middle, last), title, complete date of birth (month, day, year), and complete home address (number, street, city/town, state, zip) for the officer of the sponsoring organization.
- 9. Choose the raffle classification for this application.
- 10. Choose the description that best describes this raffle (only choose one).
- 11. Complete bank information if applicable.
- 12. Provide the starting date and the terminating date (month, day, and year) of the raffle, along with the time (including a.m. or p.m.) for the raffle drawing.
- 13. Provide the number of tickets to be printed and the uniform price (ie: no discounting for volume).
- 14. Provide a complete address (name of place, number, street, city/town, state, zip) of the place where the raffle drawing is to be held.
- 15. Provide all of the expenses directly incurred for the raffle activity including permit fees and ticket printing etc. and the names and addresses to whom they were paid.

Page 2 of 5

Sample Raffle Application Instructions

16. Provide all the merchandise information that will be awarded for the raffle activity including the names and addresses of the persons/organizations from whom the items were purchased or donated.

Note: If an item is donated then the "Retail Value" must be completed.

If the item is purchased then the "Amt. Paid by Org." must be completed.

If an item is purchased at a reduced price, complete the "Amt. Paid by Org."

- 17. Provide the specific purpose of the entire net proceeds.
- 18. The ranking officer of the sponsoring organization must sign his/her name, provide his/her title, and date the form.

Note: Only the individual listed on the front of this application is recognized as an officer and may sign as the ranking officer.

STATEMENT OF ACTIVE MEMBERS

The three Designated Active Members listed on the application must read the information provided on the Statement of Active Members form, print their names in the designated areas and affix their signatures to the form.

ALLOWABLE RAFFLE PRIZES

All prizes given at any raffle shall be merchandise, tangible personal property or a ticket, coupon or gift certificate, entitling the winner to merchandise, tangible personal property, services, transportation on a common carrier by land, water or air and to any tour facilities provided in connection therewith, or to participation in a lottery conducted under Chapter 226. Such ticket, coupon or gift certificate shall not be refundable or transferable. No cash prizes or prizes consisting of alcoholic liquor shall be given, except as provided in Section 5 of the Bazaar and Raffle Act, and no prize shall be redeemed or redeemable for cash, except tickets for a lottery conducted under Chapter 226. Coins whose trading value exceeds their face value and coins not commonly in circulation shall not be deemed a cash prize. Section 5 of the Act provides that a sponsoring organization with a "Class No. 1", "Class No. 2" or "Class No. 4" traditional, cow-chip, duck-race, golf ball drop, or frog-race raffle permit may award cash prizes in addition to the aforementioned prizes.

EACH TICKET MUST HAVE PRINTED THEREON:

- The name of the sponsoring organization.
- The date (month, day, year), time (including a.m. or p.m.), and place (number, street, city/town, state) of the drawing.
- The price of the ticket.
- At least the three most valuable prizes to be awarded.
- The total number of prizes to be awarded.
- Each ticket must be numbered and must have a correspondingly numbered stub or counterpart with a designated space for the name and address of the ticket holder.

Note: A sample of the raffle ticket must be attached for approval. A printer's proof or a legible specimen ticket may be provided. UNDER NO CIRCUMSTANCES may an organization print tickets prior to receiving a raffle permit, which may only be issued by the appropriate municipal official.

HELPFUL REMINDERS

The name of the sponsoring organization must appear exactly the same as the name that has been printed on the application form. It must be apparent to the purchaser of a ticket which organization is "sponsoring" the raffle.

The drawing information, such as the date, time and place of the drawing, should appear in one general area on the ticket.

The unit price of the raffle ticket must be printed on the ticket. Please note that all tickets shall be sold at a uniform unit price for each ticket without any discount or allowance for the purchase of more than one ticket.

The three most valuable prizes to be awarded must be printed on the raffle ticket. An organization may, however, list all prizes to be awarded if it desires to do so.

The total number of prizes to be awarded must be printed on the ticket (even if only one prize is to be awarded).

The organization <u>must</u> label each prize (example: 1st prize, 2nd prize, etc.) regardless of the number of prizes to be awarded.

The sample ticket must be numbered and must have a <u>correspondingly</u> numbered stub or counterpart with a designated space for the name and address of the ticket holder. An organization may indicate on the <u>sample</u> ticket where each ticket will be numbered by using one of the following:

XXXX 00 TICKET NO.

If the presence of the winner is required at the raffle drawing, this statement must be printed on the raffle ticket.

ACCEPTABLE WORDING OF PRIZES PRINTED ON A RAFFLE TICKET MERCHANDISE PRIZES: (example: lamp, cordless phone, dvd player, etc.)

- Merchandise prizes should be listed with a description of the item.
- The name of the place or business where the prize was obtained may **not** be listed on the ticket, since it would be considered advertising matter, which is prohibited (**unless** it is a gift certificate redeemable at that specific location). This information may be placed on any other material an organization may distribute such as pamphlets, flyers or posters, but it may **not** appear on a raffle ticket.
- The value may be listed after the description of the item of merchandise, but is not required to be printed on the ticket.

* May Word As: 20" Color TV With Remote Control

Floral Wreath (Value \$50.00)

CHOICE OF MERCHANDISE PRIZES:

- The choice of merchandise prizes is allowed, provided that the choice is limited to not more than one of two specific items of merchandise of <u>equal</u> value, and a complete description of <u>each</u> item must be printed on the raffle ticket.
- The choice of a prize is strictly limited to <u>merchandise</u> items, and is not allowed for any other type of prize that may be offered in a raffle.

* May Word As: Crystal Bowl OR Crystal Vase

GIFT CERTIFICATES:

- Gift certificates entitle the holder to exercise his/her option in the choice of an article of merchandise. Gift certificates that are redeemable at restaurants, grocery stores, malls, etc. where alcoholic beverages may be obtained must bear a notation, which states that the gift certificates may not be redeemed for alcoholic beverages. In offering a gift certificate as a prize, an organization cannot describe what the holder will receive when they redeem the gift certificate at a particular establishment. In other words, if an organization wants to award a specific item of merchandise, it cannot offer a gift certificate as the prize. In such a situation, it should simply offer the item it desires to award rather than the gift certificate.

* May Word As: \$200.00 gift certificate redeemable at Sam's Music Center

\$50.00 gift certificate redeemable at Lucian's Restaurant (EXCLUDES ALCOHOLIC BEVERAGES)

SERVICES: (example: haircut, manicure, oil change, etc.)

- When a service is offered as a prize, it must be awarded as a gift certificate. This is to prevent organizations from giving the winners cash in order to pay for the service. However, since the original intent was to award a particular service to the winner, the organization may describe the kind of service(s) the winner will receive. If the service to be awarded must be completed within a certain period of time (example: 1 hour) or is limited to a certain number of people or objects, that information must be provided as part of the prize description.

* May Word As: \$25.00 gift certificate for haircutting services for 1 person redeemable at Sue's Beauty Salon

\$100.00 gift certificate for oil change and tune-up services for one vehicle redeemable at Ron's Auto Service Center

\$75.00 gift certificate for two hours of house cleaning services for one home redeemable at Neat and Clean

- This is the <u>only</u> exception allowed in the awarding of gift certificates. All other gift certificates must be worded as previously mentioned.

Page 5 of 5

Sample Raffle Application Instructions

AIRLINE TICKETS:

- Must be treated in the same manner as a gift certificate by using the words "redeemable at".
- Must also state if the tickets are roundtrip or one-way.
- Tickets must be to a specific destination.
 - * May Word As: 2 roundtrip airline tickets to Orlando, Florida redeemable at Cougar Airlines

MEMBERSHIPS: (example: health club)

- Must be treated in the same manner as a gift certificate by using the words "redeemable at".
- Must also state length of membership and the number of members involved.
 - * May Word As: 1 Year Membership for one person redeemable at Best Fitness Center

GAME OR SHOW TICKETS: (example: sports games, plays or theater)

- Must be treated in the same manner as a gift certificate by using the words "redeemable at".
- May also list the date of the game or performance.
 - * May Word As: 4 tickets to the New York Yankees vs. Boston Red Sox game on 9/06/14 redeemable at Yankee Stadium

2 tickets for the performance of Madame Butterfly redeemable at the Winter Garden Theater

TRIPS/PACKAGE DEALS: (example: trips including airfare, accommodations, etc.)

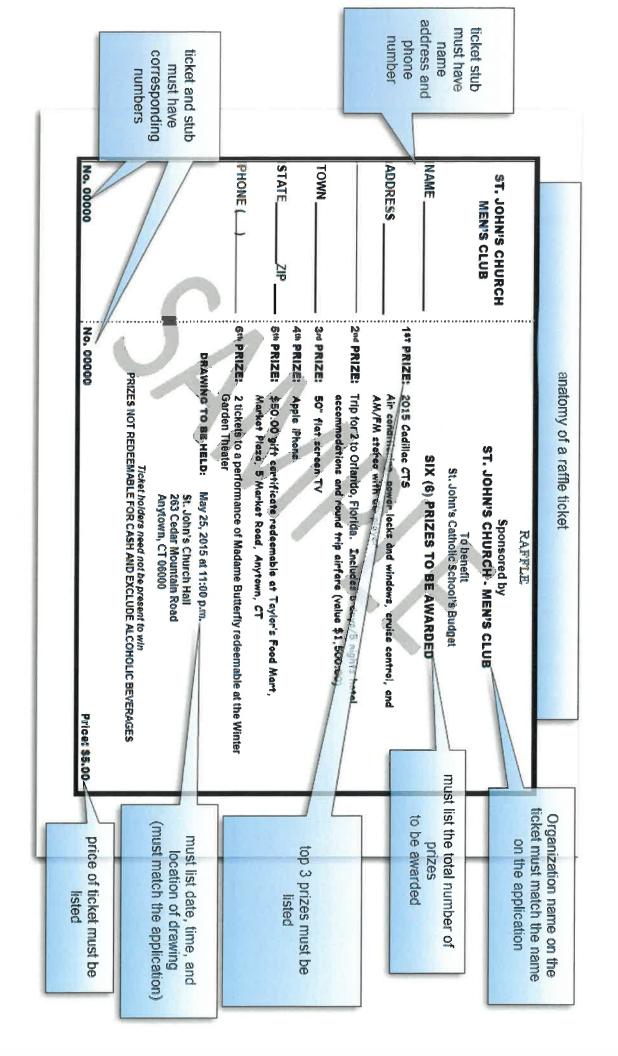
- The organization must provide a complete destination, the number of people the prize will accommodate, the length of time involved, and specify what is included in the package such as accommodations, airfare, meals, etc.
- Must print the words "Excludes Alcoholic Beverages" in parentheses directly after the description of the prize, or the words "Prizes Exclude Alcoholic Beverages" somewhere on the body of the ticket, whenever alcohol may inadvertently be obtained with a prize, such as with meals.
 - * May Word As: Trip for 2 to Long Beach, California, includes roundtrip airfare,
 7 days/6 nights' accommodations at the Sunrise Hotel, and dinner
 each evening

LOTTERY TICKETS:

- Must print a specific description of the amount and type of Connecticut State Lottery tickets to be awarded as a prize.

* May Word As: 25 Connecticut Instant Lottery Tickets

5 Connecticut Advanced Action Lotto Tickets



BAZAAR & RAFFLE CLASS AND PERMIT FEES

	TO BE COMPLETED	MAXIMUM AGGREGATE	NUMBEROF	FEE TO BE PAID
	WIII.	THE TANK THE PRINCES	PERMITS ALLOWED	FOR PERMIT
CLASS 1 RAFFLE	3 months	\$15,000.00	1 per year	\$50.00
CLASS 2 RAFFLE	2 months	\$2,000.00	3 per year	\$20.00
CLASS 3 BAZAAR	6 months		2 per year	\$20.00/day
CLASS 4 RAFFLE	1 month	\$100.00	1 per year	\$5.00 (town)
CLASS 5 RAFFLE	9 months	\$50,000.00	5 per year	\$80.00
CLASS 6 RAFFLE	12 months	\$100,000,00	5 per vear	* 100 00

PLEASE NOTE: The permit fee for each class of permit (with the exception of the Class 4 Raffle permit) is divided evenly between appropriate municipal authority along with an organization's application for a permit. With respect to Class 4 Raffle permits, the is retained solely by the municipality that will issue the permit. permit fee for this class of permit is not divided between the municipality and the State. The entire permit fee for this class of permit the municipality that will issue the permit and the Department of Consumer Protection. Both checks should be submitted to the

CGF-	710.	ATT A	1/17
(- H-	/ K	OV ()	1/1/

TOWN OF KILLINGLY, CT

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

Email: jlaroche@killinglyct.gov Web site: www.killinglyct.gov

Phone: 860-779-5350

For Official Use Only

Verified Raffle Statement

<u>Instructions:</u>

- 1. The three designated active members of the Sponsoring Organization must complete this form.
- 2. If additional space is required, attach additional sheets.

3. Submit this form to the City			he er	nd of the following mon	th.	
Name of Sponsoring Organization				Permit Number		er
Street Address		City			State	Zip Code
Class of Raffle Held		Date(s) R	Raffle	Was Held		
		Starting:			inating:	
Was this a tuition raffle?	ice and Town Where	e Raffle Was	s Hel	d		
☐ Yes ☐ No						
List each item of expense incur address of each person to who					ade, and the na	me and
Expense/Expenditure				and Address of Payee		Amount
1.						\$
2.						\$
3.						\$
4.						\$
5.						\$
6.						\$
				To	otal Expenses:	\$
Number of Tickets Sold and Price	e per Ticket:	L	List tl	ne number of unsold tic	kets:	
# @\$		(*	*Note	these tickets must be kept wi	th all other records	for one (1) year)
Total Receipts from Ticket Sales:	Total Expenses:			Net Profit (Total Receip	ots minus Total	l Expenses):
\$	\$			\$		
List the uses to which the	-1	f the raffle	e ha	s been or is to be an	olied:	,
ELST THE MOOD TO WILLOID THE	TITLE OF PROPERTY					

List the prizes with a retail value of fifty dollars (\$50.00) or more, the retail value of each prize, the names and addresses of the persons to whom such prizes were awarded, and the winning ticket number: Winning Ticket Number Prize Retail Value Name and Address of Prize Recipient \$ 1. 2. \$ 3. \$ \$ 4. \$ 5. \$ 6. Statement of Printer of Tickets Name of Business Telephone Number Street Address City State Zip Code The First Numbered Ticket Was: The Last Numbered Ticket Was: The Total Number of Tickets Was: I, the printer of the tickets used in the raffle described herein, do hereby state, under penalty of false statement, that the tickets were numbered consecutively and there were no duplications. Print Name of Printer Signature Date Statement of Designated Active Members and Ranking Officer 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. Telephone Date Print Name of Designated Active Member Signature

Print Name of Ranking Officer Signature Telephone	
Print Name of Panking Officer Signature Telephone	
Print Name of Panking Officer Signature Telephone	
Thit Name of Ranking Officer Signature Telephone	Date