

TOWN OF PRESTON
 389 Route 2 | Preston CT 06365
 860-887-5581 ext. 101
nmusa@preston-ct.org
 FAX: 860-885-1905
 State website: www.ct.gov/dcp



For Official Use Only

Application for a Permit to Conduct a Raffle

Instructions:

1. The completed form shall be submitted to: Town of Preston, Selectman's Office, 389 Route 2, Preston CT 06365 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: Town of Preston

Name of Sponsoring Organization			
If this organization previously held a raffle permit, list permit number:		FEIN	IRS Exempt Status Code 501(c) -
Street Address		City	State Zip Code
Mailing Address (if different than above)		City	State Zip Code
Telephone Number (with area code)		Email Address	
Contact Person for <u>this</u> Application		Contact Telephone Number	Contact Email Address
Organization Category (check only one):			
<input type="checkbox"/> An educational or charitable organization		<input type="checkbox"/> An officially recognized organization or association of veterans of any war in which the U. S. was engaged	
<input type="checkbox"/> A civic, service, or social club		<input type="checkbox"/> An officially recognized volunteer fire company	
<input type="checkbox"/> A fraternal or fraternal benefit society		<input type="checkbox"/> A political party or town committee of the municipality in which the raffle is to be held	
<input type="checkbox"/> A church or religious organization			

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 form CGR-2A. 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
First Name	Last Name	Telephone Number (with area code)	Date of Birth
First Name	Last Name	Telephone Number (with area code)	Date of Birth

Ranking Officer Name		Title	Date of Birth	
Residence Street Address		City	State	Zip Code

Raffle Classification:

<input type="checkbox"/> Class I \$25.00 ·Max. aggregate prize total of \$15,000 ·Max. time 3 months ·Allowed 1 per year	<input type="checkbox"/> Class II \$10.00 ·Max. aggregate prize total of \$2,000 ·Max. time 2 months ·Allowed 3 per year	<input type="checkbox"/> Class IV \$5.00 ·Max. aggregate prize total of \$100 ·Max. time 1 month ·Allowed 1 per year	<input type="checkbox"/> Class V \$40.00 ·Max. aggregate prize total of \$50,000 ·Max. time 9 months ·Allowed 5 per year	<input type="checkbox"/> Class VI \$50.00 ·Max. aggregate prize total of \$100,000 ·Max. time 12 months ·Allowed 5 per year
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Raffle Description: (Check Only One)

<input type="checkbox"/> Winner Need Not Be Present	<input type="checkbox"/> Duck Race	<input type="checkbox"/> Winner Must Be Present (must be on ticket)
<input type="checkbox"/> Cow Chip	<input type="checkbox"/> Frog Race	
<input type="checkbox"/> Cash Prize (dedicated bank account info required)	Bank Name	Dedicated Account Number
<input type="checkbox"/> Special Tuition (dedicated bank account info required)	Bank Name	Dedicated Account Number
Starting Date of Sales	Drawing Date	Time of Drawing <input type="checkbox"/> AM <input type="checkbox"/> PM
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
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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 Yes/No	Retail Value	Amt. Paid by Org.	Name	Street Address	City	State

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.

Signature of Ranking Officer	Date
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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:

Prize	Retail Value	Name and Address of Prize Recipient	Winning Ticket Number
1.	\$		
2.	\$		
3.	\$		
4.	\$		
5.	\$		
6.	\$		

Statement of Printer of Tickets

Name of Business		Telephone Number	
Street Address		City	State Zip Code
The Total Number of Tickets Was:	The First Numbered Ticket Was:	The Last Numbered Ticket 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.

Print Name of Designated Active Member	Signature	Telephone	Date
1.			
2.			
3.			

Print Name of Ranking Officer	Signature	Telephone	Date

SAMPLE

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 Club			
If this organization previously held a raffle permit, list permit number: RAFF.9999.CL5		FEIN 06-1122334	IRS Exempt Status Code 501 (C) 3
Street Address 263 Cedar Mountain Rd		City Anytown	State CT
			Zip Code 06000
Mailing Address (if different than above) PO BOX 1		City Anytown	State CT
			Zip Code 06000
Telephone Number (with area code) (860) 555-5309		Email Address stjohnsmen@gmail.com	
Contact Person for <u>this</u> Application William Couto	Contact Telephone Number (860) 555-5555	Contact Email Address wcouto@gmail.com	
Organization Category (check only one):			
<input type="radio"/> An educational or charitable organization		<input type="radio"/> An officially recognized organization or association of veterans of any war in which the U. S. was engaged	
<input type="radio"/> A civic, service, or social club		<input type="radio"/> An officially recognized volunteer fire company	
<input type="radio"/> A fraternal or fraternal benefit society		<input type="radio"/> A political party or town committee of the municipality in which the raffle is to be held	
<input checked="" type="radio"/> A church or religious organization			

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 William	Last Name Couto	Telephone Number (with area code) (860) 555-5555	Date of Birth 07/16/1942
First Name Trevor	Last Name Smith	Telephone Number (with area code) (860) 555-7236	Date of Birth 08/27/1967
First Name Edward	Last Name McDonald	Telephone Number (with area code) (860) 555-6391	Date of Birth 03/04/1953

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

Raffle Classification:				
<input checked="" type="radio"/> Class I \$.00 ·Max. aggregate prize total of \$15,000 ·Max. time 3 months ·Allowed 1 per year	<input type="radio"/> Class II \$.00 ·Max. aggregate prize total of \$2,000 ·Max. time 2 months ·Allowed 3 per year	<input type="radio"/> Class IV \$.00 ·Max. aggregate prize total of \$100 ·Max. time 1 month ·Allowed 1 per year	<input checked="" type="radio"/> Class V \$.00 ·Max. aggregate prize total of \$50,000 ·Max. time 9 months ·Allowed 5 per year	<input type="radio"/> Class VI \$.00 ·Max. aggregate prize total of \$100,000 ·Max. time 12 months ·Allowed 5 per year
Raffle Description: (Check Only One)				
<input checked="" type="radio"/> Winner Need Not Be Present		<input type="radio"/> Duck Race		<input type="radio"/> Winner Must Be Present (must be on ticket)
<input type="radio"/> Cow Chip		<input type="radio"/> Frog Race		
<input type="radio"/> Cash Prize (dedicated bank account info required)	Bank Name		Dedicated Account Number	
<input type="radio"/> Special Tuition (dedicated bank account info required)	Bank Name		Dedicated Account Number	
Starting Date of Sales January 25, 2015		Drawing Date May 25, 2015		Time of Drawing 06:00 <input type="radio"/> AM <input checked="" type="radio"/> PM
Number of Tickets to be Printed 10,000			Unit Price of Tickets to be Sold (only one price) \$5.00	
Place Where Drawing is to be Held:				
Name of Place St. John's Church Hall				
Street Address 263 Cedar Mountain Rd		City Anytown		State CT Zip Code 06000

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
\$40.00	Town of Anytown	105 Cedar St.	Anytown	CT	Permit Fee
\$250.00	Quick Printing Shop	93 Tremont St	Anywhere	CT	Raffle ticket printing
\$1,500.00	Scenic Travel Agency	1 Reynolds Ln	Anywhere	CT	Trip to Florida
\$32,000.00	Larry's Cadillac	95 Curtiss St	Anywhere	CT	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 Yes/No	Retail Value	Amt. Paid by Org.	Name	Street Address	City	State
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	CT
Kenwood CD player	yes	\$239.99	\$ 0.00	The Music Shop	1125 Park Ave	Next-Town	CT
At&t cordless phone	yes	\$127.00	\$ 0.00	Bill's Phone & Appliance	12 Franklin Ave	Next-Town	CT

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 <i>William Couto</i>	Date 10/15/2014
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SAMPLE

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. Trevor Smith	2. William Couto	3. Edward McDonald
SIGNATURE AND DATE <i>Trevor Smith</i> 10/15/2014	SIGNATURE AND DATE <i>William Couto</i> 10/15/2014	SIGNATURE AND DATE <i>Edward McDonald</i> 10/15/2014

RAFFLE

Sponsored by
ST. JOHN'S CHURCH - MEN'S CLUB

To benefit
St. John's Catholic School's Budget

SIX (6) PRIZES TO BE AWARDED

1st PRIZE: 2015 Cadillac CTS

Air conditioning, power locks and windows, cruise control, and AM/FM stereo with CD player

2nd PRIZE: Trip for 2 to Orlando, Florida. Includes 6 days/5 nights hotel accommodations and round trip airfare (value \$1,500.00)

3rd PRIZE: 50" flat screen TV

4th PRIZE: Apple iPhone

5th PRIZE: \$50.00 gift certificate redeemable at Taylor's Food Mart, Market Plaza, 5 Market Road, Anytown, CT

6th PRIZE: 2 tickets to a performance of Madame Butterfly redeemable at the Winter Garden Theater

DRAWING TO BE HELD: May 25, 2015 at 11:00 p.m.

St. John's Church Hall
263 Cedar Mountain Road
Anytown, CT 06000

Ticket holders need not be present to win
PRIZES NOT REDEEMABLE FOR CASH AND EXCLUDE ALCOHOLIC BEVERAGES

**ST. JOHN'S CHURCH
MEN'S CLUB**

NAME _____

ADDRESS _____

TOWN _____

STATE _____ ZIP _____

PHONE () _____

No. 00000

No. 00000

Price: \$5.00