



# TOWN OF LITCHFIELD

P.O. BOX 488  
LITCHFIELD, CONNECTICUT 06759

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

### Instructions:

1. The completed form shall be submitted to: Office of the First Selectman  
**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:  
Town of Litchfield

<b>Name of Sponsoring Organization</b>			
If this organization previously held a bazaar permit, list permit number:		Federal ID Number	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	
<b>Organization Category (check only one):</b>			
<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 bazaar is to be conducted. These individuals will affix their signature to form CGR-1A. 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 (mm/dd/yyyy)
First Name	Last Name	Telephone Number (with area code)	Date of Birth (mm/dd/yyyy)
First Name	Last Name	Telephone Number (with area code)	Date of Birth (mm/dd/yyyy)

Ranking Officer Name	Title	Date of Birth (mm/dd/yyyy)	
Residence Street Address	City	State	Zip Code

**Bazaar Description:**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

Street Address

City

State

Zip Code

**Types of Games and Total Number to be Operated:**☐ Blower Ball/Cage Ball Total: \_\_\_\_\_☐ Teacup Raffle Total: \_\_\_\_\_☐ 50/50  
(up to 3 drawings per day) Total: \_\_\_\_\_☐ Other: \_\_\_\_\_ Total: \_\_\_\_\_**If 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.

Expense (\$)	Name	Street Address	City	State	Purpose
					Municipality Permit Fee

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 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 bazaar 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