

# WINCHESTER POLICE DEPARTMENT

Town of Winchester~City of Winsted

338 Main Street

Winsted, Connecticut 06098

Telephone (860) 379-2721

FAX (860) 738-6957

***"Excellence through Community Partnerships"***

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  
*"Town of Winchester"* Permit Fee is \$ .00 per day for up to ten (10) consecutive days.

Name of Sponsoring Organization			
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	
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 type="radio"/> 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

<b>Bazaar Description:</b>			
Provide the <u>date(s) and starting and ending time(s) for each day</u> the bazaar will be conducted:			
<b>Place Where Bazaar is to be Held:</b>			
Name of Place			
Street Address		City	State      Zip Code
<b>Types of Games and Total Number to be Operated:</b>			
Blower Ball/Cage Ball	Total: _____	Teacup Raffle	Total: _____
50/50 (up to 3 drawings per day)	Total: _____	Other: _____	Total: _____
<b>If applicable, from whom are the games of chance equipment to be obtained:</b>			
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
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*Serving with Pride*

## WINCHESTER POLICE DEPARTMENT

Town of Winchester~City of Winsted

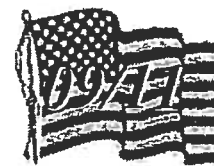
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*Remember with Honor*

### Bingo/Bazaar/Raffle Fees

PERMIT CLASS	DESCRIPTION	NUMBER OF PERMITS ALLOWED	FEE TO BE PAID FOR PERMIT
<b>BINGO</b>			
Eligible Organization = Charitable, civic, education, fraternal, veterans' or religious organization, volunteer fire department or grange			
Class A	Annual one-day-week permit and shall permit the conduct of not more than 40 and not less than 15 games on such day.	1 per year	\$75.00
Class B	Shall permit not more than 40 and not less than 15 bingo games per day for a maximum ten successive days.	Not more than 2 during any 12 month period	\$10.00 per day
Class C	Annual one-day-per-month permit and shall permit the conduct of not more than 40 and not less than 15 games on such day.	1 per year	\$50.00
<b>EXEMPTIONS</b>			
Organization whose membership consist of persons 60 year old or over	May conduct bingo games for the amusement and recreation of members without permit provided:  does not charge in excess of \$1.00 for admission; prizes and awards do not exceed \$50.00 and only active members of such organization assist in operation of game without compensation.		
PTA	May conduct bingo games for the amusement and recreation of members without permit provided: Registers annually with municipal official pay fee;  does not charge in excess of \$1.00 for admission; prizes and awards do not exceed \$50.00 and only active members of such organization assist in operation of game without compensation.		\$75.00 per year

PERMIT TYPE	TO BE COMPLETED WITHIN GRANTING OF PERMIT	MAXIMUM AGGREGATE VALUE OF PRIZES	NUMBER OF PERMITS ALLOWED	FEE TO BE PAID FOR PERMIT
<b>BAZAAR/RAFFLE</b>				
Class No. 1 Raffle	3 months	\$15,000.00	1 per year	\$75.00
Class No. 2 Raffle	2 months	\$2,000.00	3 per year	\$30.00
Class No. 3 Bazaar	6 months (Period of not more than 10 consecutive days excl. holidays and holy days on which not functioning )		2 per year	\$60.00 per day
Class No. 4 Raffle	1 month	\$100.00	1 per year	\$15.00
Class No. 5 Raffle	9 months	\$50,000.00	5 per year	\$120.00
Class No. 6 Raffle	12 months	\$100,000.00	5 per year	\$150.00
Class No. 7 Raffle	15 months	\$50,000 (No more than 12 prizes drawings on separate dates)		\$300.00
<b>Exemption</b>				
Any organized church, volunteer fire company or veterans organization conducting a bazaar or raffle	(1) may be permitted to redeem prizes in cash; (2) shall be exempt from the requirement or preserving unsold raffle tickets beyond 90 days after conclusion of holding bazaar or raffle and shall be permitted to dispose of unclaimed prizes after such 90 days and (3) may file a reconciliation of expenditures and receipts signed by an officer in lieu of accountant			

TOWN OF WINCHESTER POLICE DEPARTMENT

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Winsted, CT 06098

**Verified Bazaar Statement**

**Instructions:**

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/town Police Department by the end of the following month.

Name of Sponsoring Organization		Permit Number	
Street Address	City	State	Zip Code
Town Where Bazaar Was Held	Date(s) Bazaar Was Held Starting: Terminating:		
Registered Equipment Dealer Name (if applicable)		Dealer Registration Number (if applicable)	

**List all receipts from each type of game of chance operated:**

Description of Game	Amount	Description of Game	Amount
1.	\$	4.	\$
2.	\$	5.	\$
3.	\$	6.	\$
Total Receipts From Games of Chance Operated:			\$

**List each item of expense incurred or paid and each item of expenditure made or to be made, and the name and address of each person to whom each item has been or is to be paid:**

Expense/Expenditure	Name and Address of Payee	Amount
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
Total Expenses:		\$

Total Receipts from Games of Chance:	Total Expenses:	Net Profit (Total Receipts minus Total Expenses):
\$	\$	\$

List the uses to which the entire net profit of the bazaar has been or is to be applied:

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List the prizes with a retail value of fifty dollars (\$50.00) or more, the amount paid for each prize purchased or the retail value of each prize donated, and the names and addresses of the persons to whom such prizes were awarded:

Prize	Purchase Price/Retail Value	Name and Address of Prize Recipient
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
6.	\$	
7.	\$	
8.	\$	
9.	\$	
10.	\$	

**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 bazaar described herein.

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

Print Name of Ranking Officer	Signature	Telephone	Date