STONINGTON POLICE DEPARTMENT VERIFIED BAZAAR STATEMENT

173 South Broad Street

Pawcatuck, CT 06379

Phone: 860-599-7510

E-Mail: nmitchell@stonington-ct.gov

This form must be completed by the three designated active members of the sponsoring organization and submit to the **Stonington Police Department** within one month of completion of the bazaar.

NAME OF ORGANIZATION PERMIT NUMBER:

ADDRESS (No. & Street) (City/Town) (State) (Zip)

TOWN WHERE BAZAAR WAS HELD BAZAAR DATES:

 COMMENCING: TERMINATING:

NAME OF EQUIPMENT DEALER/REGISTRATION NUMBER OF EQUIPMENT DEALER

AMOUNT OF GROSS RECEIPTS TOTAL EXPENSES NET PROFIT

$ $ $

LIST ALL RECEIPTS FROM EACH TYPE OF GAME OF CHANCE OPERATED.

|  |  |  |  |
| --- | --- | --- | --- |
| **DESCRIPTION OF GAME** | **AMOUNT** | **DESCRIPTION OF GAME** | **AMOUNT** |
| **1.** | **$** |  | **$** |
| **2.** | **$** |  | **$** |
| **3.** | **$** |  | **$** |
| **4.** | **$** |  | **$** |
| **TOTAL RECEIPTS FROM GAMES OF CHANCE OPERATED (ADD ITEMS 1 THROUGH 8)** | **$** |

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 & ADDRESS OF PAYEE** | **AMOUNT** |
| 1. |  | $ |
| 2. |  | $ |
| 3. |  | $ |
| 4. |  | $ |
| 5. |  | $ |
| 6. |  | $ |
| 7. |  | $ |
| 8. |  | $ |
| 9. |  | $ |
| 10. |  | $ |
| **TOTAL EXPENSES (ADD ITEMS 1 THROUGH 10)** | $ |

**LIST THE USES TO WHICH THE NET PROFIT HAS BEEN OR IS TO BE APPLIED:**

**PRIZES**

LIST EACH PRIZE OFFERED, THE RETAIL VALUE, THE NAME AND ADDRESS OF THE PERSON WHO WAS AWARDED SUCH PRIZE, AND THE WINNING TICKET NUMBER.

|  |  |  |  |
| --- | --- | --- | --- |
| **PRIZE OFFERED/AWARDED** | **RETAIL VALUE** | **NAME & ADDRESS OF PRIZE RECIPEINT** | **WINNING TICKET #** |
| 1. | $ |  | # |
| 2. | $ |  | # |
| 3. | $ |  | # |
| 4. | $ |  | # |
| 5. | $ |  | # |

**STATEMENT OF 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 ACTIVE MEMBER SIGNATURE TELEPHONE NO. DATE

1.

2.

3.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PRINT NAME OF RANKING OFFICER SIGNATURE TELEPHONE NO. DATE

**CONCLUSION OF POLICE CHIEF**

I HAVE EXAMINED THE FOREGOING REPORT AND COMPARED IT WITH THE ORIGINAL APPLICATION AND I HAVE FOUND NO DISCREPANCIES

SIGNATURE OF THE CHIEF OF POLICE DATE