

STONINGTON POLICE DEPARTMENT  
 173 South Broad Street  
 Pawcatuck, CT 06379  
 Phone: 860-599-7510  
 E-Mail: [nmitchell@stonington-ct.gov](mailto:nmitchell@stonington-ct.gov)



## VERIFIED RAFFLE STATEMENT

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 raffle.

NAME OF ORGANIZATION

PERMIT NUMBER:

ADDRESS (No. & Street)

(City/Town)

(State)

(Zip)

CLASS OF RAFFLE HELD

RAFFLE DATES:

COMMENCING:

TERMINATING:

WAS THIS A SPECIAL TUITION RAFFLE? ☐ YES ☐ NO

PLACE AND TOWN WHERE RAFFLE WAS HELD

AMOUNT OF GROSS RECEIPTS

TOTAL EXPENSES

NET PROFIT

\$

\$

\$

TICKETS SOLD/PRICE PER TICKET

UNSOLD TICKETS (THESE TICKETS MUST BE KEPT WITH ALL OTHER RECORDS FOR ONE (1) YEAR)

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@ \$

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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.

<u>EXPENSE/EXPENDITURE</u>	<u>NAME &amp; ADDRESS OF PAYEE</u>	<u>AMOUNT</u>
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
<b><u>TOTAL EXPENSES (ADD ITEMS 1 THROUGH 10)</u></b>		\$

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

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## 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.

<u>PRIZE OFFERED/AWARDED</u>	<u>RETAIL VALUE</u>	<u>NAME &amp; ADDRESS OF PRIZE RECIPIENT</u>	<u>WINNING TICKET #</u>
1.	\$		#
2.	\$		#
3.	\$		#
4.	\$		#
5.	\$		#

## STATEMENT OF PRINTER OF TICKETS

NAME OF BUSINESS			TELEPHONE NUMBER
BUSINESS ADDRESS (No. & Street)		(City/Town)	(State) (Zip)
TOTAL NUMBER OF TICKETS:	FIRST TICKET NUMBER:	LAST TICKET NUMBER:	
I, THE PRINTER OF TICKETS USED IN SAID RAFFLE, DO HEREBY STATE, UNDER PENALTY OF FALSE STATEMENT, THAT THE TICKETS WERE NUMBERED CONSECUTIVELY AND THERE WERE NO DUPLICATIONS.			
PRINT NAME	SIGNATURE	DATE / /20	

## 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
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## 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
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