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

For Official Use Only

Application for a Permit to Conduct a Raffle

Instructions:

1. The completed form shall be submitted to: **Stonington Police Department 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 Stonington** " **Fee schedule is on page 2 of this application.**

Name of Sponsoring Organization			
If this organization previously held a raffle 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 this Application	**Contact Telephone Number**	**Contact Email Address**	

Organization Category (check only one):

○ An educational or charitable organization	○ An officially recognized organization or association of veterans of any war in which the U. S. was engaged
○ A civic, service, or social club	○ An officially recognized volunteer fire company
○ A fraternal or fraternal benefit society	○ A political party or town committee of the municipality in which the raffle is to be held
○ 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	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

Raffle Classification:

○ Class I $ .00	○ Class II $ .00	○ Class IV $ .00	○ Class V $ .00	○ Class VI $ .00
·Max. aggregate prize total of $15,000 ·Max. time 3 months ·Allowed 1 per year	·Max. aggregate prize total of $2,000 ·Max. time 2 months ·Allowed 3 per year	·Max. aggregate prize total of $100 ·Max. time 1 month ·Allowed 1 per year	·Max. aggregate prize total of $50,000 ·Max. time 9 months ·Allowed 5 per year	·Max. aggregate prize total of $100,000 ·Max. time 12 months ·Allowed 5 per year

Raffle Description:

☐ Winner Need Not Be Present	☐ Duck Race	☐ Winner Must Be Present (must be on ticket)
☐ Cow Chip	☐ Frog Race	
☐ Cash Prize (dedicated bank account info required)	Bank Name	Dedicated Account Number
☐ Special Tuition (dedicated bank account info required)	Bank Name	Dedicated Account Number

Starting Date of Sales	Drawing Date	Time of Drawing ○ AM ○ 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

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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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)* 1.	NAME *(Please print)* 2.	NAME *(Please print)* 3.
SIGNATURE AND DATE	SIGNATURE AND DATE	SIGNATURE AND DATE

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 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

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

***If printing own tickets, this letter - on your letterhead (fill in your information where applicable) - must accompany your applicaiton.**

(date)

Stonington Police Department
173 South Broad Street
Pawcatuck, CT 06379

Re: Raffle Application – (include name of your organization)

Dear Chief Stewart:

As one of the ranking officers I understand if we print our own tickets I will be responsible for their accuracy and will be signing off as the printer on the "Verified Raffle Statement"

Sincerely,

(Name)