



Application for a Permit to Conduct a Raffle

Instructions:

1. The completed form shall be submitted to: Farmington Police Department - c/o Records - 319 New Britain Avenue, Unionville, CT 06085 **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 Farmington" **Fee schedule is on page 2 of this application.**

| | | | |
|--|---------------------------------|---|------------------------|
| Name of Sponsoring Organization: | | | |
| | | Federal ID Number | IRS Exempt Status Code |
| 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): | | | |
| <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 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 \$50.00 •Max. aggregate prize total of \$15,000 •Max. time 3 months •Allowed 1 per year | Class II \$25.00 •Max. aggregate prize total of \$2,000 •Max. time 2 months •Allowed 3 per year | Class IV \$10.00 •Max. aggregate prize total of \$100 •Max. time 1 month •Allowed 1 per year | Class V \$10000 •Max. aggregate prize total of \$50,000 •Max. time 9 months •Allowed 5 per year | Class VI \$125.00 •Max. aggregate prize total of \$100,000 •Max. time 12 months •Allowed 5 per year |

Raffle Description: (check all that apply)

| | | |
|---|------------------------------------|---|
| <input type="checkbox"/> Winner Need Not Be Present | <input type="checkbox"/> Duck Race | <input type="checkbox"/> Winner Must Be Present (must be on ticket) |
| <input type="checkbox"/> Cow Chip | <input type="checkbox"/> Frog Race | |
| <input type="checkbox"/> Cash Prize (dedicated bank account info required): | Bank Name: | Dedicated Account Number: |
| <input type="checkbox"/> Special Tuition (dedicated bank account info required) | Bank Name: | Dedicated Account Number: |

| | | |
|----------------------------------|--|------------------|
| Starting Date of Sales: | Drawing Date: | Time of Drawing: |
| 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 | 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 |
|------------------------------|------|

