



ORANGE DEPARTMENT OF POLICE SERVICE

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 Orange - Permit Fee is \$60.00 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="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 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

Bazaar Description:
Provide the **date(s)** and **starting** and **ending time(s)** for **each day** the bazaar will be conducted:

Place Where Bazaar is to be Held:
Name of Place

Street Address	City	State	Zip Code
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Types of Games and Total Number to be Operated:

<input type="checkbox"/> Blower Ball/Cage Ball Total: _____	<input type="checkbox"/> Teacup Raffle Total: _____
<input type="checkbox"/> 50/50 (up to 3 drawings per day) Total: _____	<input type="checkbox"/> Other: _____ Total: _____

If applicable, from whom are the games of chance equipment to be obtained:

Registered Dealer Name	Dealer Registration Number	Equipment Rental Fee Paid
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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
	Town of Orange	314 Lambert Road	Orange	CT	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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Town of Orange
 Police Department
 314 Lambert Road
 Orange, CT 06477
 Email: opdrecords@gmail.com
 Web site: police.orange-ct.gov/
 Phone: 203.891.2134



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 Orange 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

Town of Orange
 Police Department
 314 Lambert Road
 Orange, CT 06477
 Email: opdrecords@gmail.com
 Web site: police.orange-ct.gov
 Phone: 203.891.2134



STATEMENT OF ACTIVE MEMBERS DESIGNATED BY SPONSORING ORGANIZATION UNDER WHOM THE BAZAAR 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 bazaar 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 bazaar in accordance with the terms of the permit, the provisions of the Act, and regulations of the Town of Orange Police Department.
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 alcoholic beverages as prizes.
 - b. 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 bazaar.
 - c. The promotion or operation of a bazaar by other than duly qualified members of the sponsoring organization.
 - d. The giving of pay to any member for his time or effort in connection with a bazaar.
 - e. The promotion, conduct or operation of a bazaar by a person under the age of 18 or the permitting of same by the sponsoring organization.
 - f. The use of funds derived from the bazaar for purposes other than as stated in this application.
 - g. 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 bazaar.
6. I am familiar with the provisions of the Act which:
 - a. Make mandatory the immediate revocation of a permit to conduct a bazaar 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.
 - b. 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)	NAME (Please print)	NAME (Please print)
1.	2.	3.
SIGNATURE AND DATE	SIGNATURE AND DATE	SIGNATURE AND DATE

Application for a Permit to Conduct a Class 3 Bazaar

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- Applying organization must be a qualifying non-profit functioning for a minimum of six (6) months.
- Your application must be completed, signed, and accompanied by a check or money order made payable to "Town of Orange" the Fee will be \$ 60.00 per day for up to ten (10) consecutive days.

Name of Sponsoring Organization			
If this organization previously held a raffle permit, list permit number:		FEIN	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 <u>this</u> 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 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
First Name	Last Name	Telephone Number (with area code)	Date of Birth
First Name	Last Name	Telephone Number (with area code)	Date of Birth

Ranking Officer Name		Title	Date of Birth	
Residence Street Address		City	State	Zip Code

Bazaar Description:Provide the date(s) and time(s) for each day the bazaar will be conducted:**Place Where Bazaar is to be Held:**

Name of Place

Street Address

City

State

Zip Code

Types of Games and Total Number to be Operated:

Blower Ball/Cage Ball Total: _____

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50/50
(up to 3 drawings per day) Total: _____

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If applicable, from whom are the games of chance equipment to be obtained:

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

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*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.

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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 BAZAAR 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 bazaar 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 bazaar 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:
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 - e. The promotion, conduct or operation of a bazaar by a person under the age of 18 or the permitting of same by the sponsoring organization.
 - f. The use of funds derived from the bazaar for purposes other than as stated in this application.
 - g. 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 bazaar.
6. I am familiar with the provisions of the Act which:
 - a. Make mandatory the immediate revocation of a permit to conduct a bazaar 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.
 - b. 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 (<i>Please print</i>)	NAME (<i>Please print</i>)	NAME (<i>Please print</i>)
1.	2.	3.
SIGNATURE AND DATE	SIGNATURE AND DATE	SIGNATURE AND DATE

INSTRUCTIONS TO COMPLETE A BAZAAR APPLICATION

Please complete each section on the Application for a Permit to Conduct a Bazaar form, and the Statement of Active Members form. Please keep in mind that a bazaar event only encompasses games of chance and not games of skill.

APPLICATION FOR A PERMIT TO CONDUCT A BAZAAR (CGR-1)

1. If the organization has a determination letter from the IRS confirming the organization's exempt status, please include a copy.
2. Provide a complete name and address (number, street, city/town, state, zip) of the sponsoring organization.
3. Provide a complete mailing address (number, street, city/town, state, zip) of the sponsoring organization.
4. Provide a telephone number and email address.
5. Provide the name, telephone number, and email address of the contact person for this application.
6. Choose one of the seven (7) categories that applies to your organization.
7. Give the complete name, date of birth (month, day, year) and telephone number for each of the three Designated Active Members
Note: The three Designated Active Members MUST be residents of the State of Connecticut and at least eighteen years of age.
8. Provide the title, complete name (first, middle, last), complete home address (number, street, city/town, state, zip) and a complete date of birth (month, day, year) for the officer of the sponsoring organization.
9. Provide the date(s) (month, day, year), along with the commencing time and terminating time (including a.m. or p.m.), for each day the bazaar is to be conducted.
10. Provide a complete address of the place where the bazaar is to be held (name of place, number, street, city/town, state, zip).
11. Please check the types and number of games to be operated.
12. Provide the registered dealer information if applicable.
13. Provide all of the expenses directly incurred for the bazaar activity including permit fees and coupon ticket purchases etc. and the names and addresses to whom they were paid.
14. Provide all the merchandise information that will be awarded for the bazaar activity including the names and addresses of the persons/organizations from whom the items were purchased or donated.
Note: If an item is donated then the "Retail Value" must be completed.
If the item is purchased then the "Amt. Paid by Org." must be completed.
If an item is purchased at a reduced price, complete the "Amt. Paid by Org."
15. Provide the specific purpose of the entire net proceeds.
16. The ranking officer of the sponsoring organization must sign his/her name, provide his/her title, and date the form.
Note: Only the individual listed on the front of this application is recognized as an officer and may sign as the ranking officer.

STATEMENT OF ACTIVE MEMBERS

1. The three Designated Active Members listed on the bazaar application must read the information provided on the Statement of Active Members application, print their names in the designated areas and affix their signatures to the form.