CGR-1 Rev 5/15

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
License Services/Charitable Games
165 Capitol Avenue
Hartford, CT 06106
Email: DCP.GamingCharitable@ct.gov
Web site: www.ct.gov/dcp

For Official Use Only

Application for a Permit to Conduct a Class 3 Bazaar

Instructions:

1. The completed form shall be submitted to the Department of Consumer Protection, Charitable Games Unit **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 "Treasurer, State of Connecticut." **Permit Fee is $10.00 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 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 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

Types of Games and Total Number to be Operated:			
Blower Ball/Cage Ball	Total: _____	Teacup Raffle	Total: _____
50/50 (up to 3 drawings per day)	Total: _____	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

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
	Dept of Consumer Protection	165 Capitol Avenue	Hartford	CT	State Permit Fee
					Municipality 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

CGR-1A Rev 10/14

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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 of the Commissioner of the Department of Consumer Protection.
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)* 1.	NAME *(Please print)* 2.	NAME *(Please print)* 3.
SIGNATURE AND DATE	SIGNATURE AND DATE	SIGNATURE AND DATE