## STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION

License Services/Charitable Games 165 Capitol Avenue

Hartford, CT 06106

Email: <u>DCP.GamingCharitable@CT.gov</u>

Web site: <a href="https://www.ct.gov/dcp">www.ct.gov/dcp</a>



## BAZAAR OR RAFFLE EQUIPMENT DEALER'S RENTAL LIST

CGE-3 REV. 07/11

## INSTRUCTIONS:

Owner/Officer of equipment dealer must of the completed form shall be mailed to the renting bazaar or raffle equipment to an office.	e Department of Cons		165 Capitol Av	e., Hartford,	CT 06106, within	10 days after
					RATION NUMBER	
ADDRESS OF EQUIPMENT DEALER (No. and Stre	et)	(City or Town)	(State)	(Zip Code)	TELEPHONE NUMBE	R
LOCATION OF PRINCIPAL PLACE OF BUSINESS	(No. and Street)		(City or Town)		(State)	(Zip Code)
NAME OF SPONSORING ORGANIZATION					PERMIT NUMBER	
ADDRESS OF SPONSORING ORGANIZATION (	No. and Street)		(City or Town)		(State)	(Zip Code)
DATE(S) WHEN BAZAAR OR RAFFLE WAS HELD	GIVE THE TIMES WHEI	N BAZAAR OR RAFF	LE WAS HELD			
	Commencing Time:		A.M. P.M.	Terminating Tir	ne:	A.M. P.M.
PLACE WHERE BAZAAR OR RAFFLE HELD (No.	and Street)		(City or Town)		(State)	(Zip Code)
Give exact description of the equipment sheets if necessary)	rented and the ind	ividual amount	paid for each p	iece of equi	oment: (attach ad	lditional
EQUIPMENT DESCRIPTION					RENTAL FEE PAID	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
			otal	\$		
SIGNATURE OF EQUIPMENT DEALER		TITLE OF EQUIPM	ENT DEALER		DATE (Mo., Day, Y	(r.)