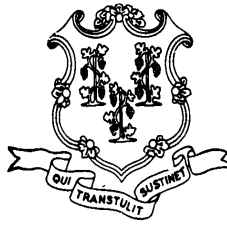


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 License Services/ Charitable Games
 450 Columbus Blvd, Ste 801
 Hartford, CT 06103
 Email: DCP.GamingCharitable@ct.gov
 Web site: www.ct.gov/dcp



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." Fee will be \$10.00 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 <u>date(s)</u> and <u>time(s)</u> for <u>each day</u> 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

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

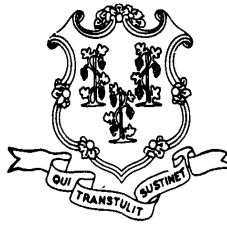
State the specific purpose to which the entire net proceeds of such bazaar are to be devoted.

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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 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)	NAME (Please print)	NAME (Please print)
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 (CGR-1) form, and the Statement of Active Members (CGR-1A) 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 (CGR-1A)

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

ALLOWABLE BAZAAR PRIZES

All prizes given at a bazaar shall be ***merchandise**. There is an exception, however, which provides for cash awards for **only** two specific types of bazaar games, which are the “fifty-fifty” coupon game and the blower ball cash game. Any organization conducting a bazaar may operate three “fifty-fifty” coupon drawings each day of a permitted bazaar event and must award cash prizes of fifty percent of “fifty-fifty” coupon game sales for each coupon drawing conducted. Blower ball games were already approved for use with merchandise prize awards; however, the law now allows for cash prizes up to \$50.00 each to be awarded, as well. These are the only exceptions that have been made with respect to the type of prizes that may be awarded at a bazaar. Therefore, any qualifying organization that has obtained a bazaar permit **may only award merchandise prizes for every other permissible bazaar game.**

*Merchandise includes gift certificates. Gift certificates must be a value redeemed at a business ie: \$50.00 gift certificate redeemable at Kohl’s. It **cannot** be a certificate for a specific service or item such as a haircut or ice-cream cone.

If clarification or further information is needed in regard to the application forms, please do not hesitate to contact the Department at (860) 713-6140.