



Simsbury Police Department

Records Division (Permit Services/Charitable Games)

933 Hopmeadow Street

Simsbury CT 06070-1822

Telephone: 860-658-3125

Web site: www.simsbury-ct.gov

FOR RECORDS DIVISION USE ONLY

Received on: _____ at _____ HRS

Approved: ☐ No ☐ Yes: Initial/#: _____

Date: _____

Permit #: _____

Application for a Permit to Conduct a Class 3 Bazaar

(Max of two (2) Class 3 Bazaar permits per year per organization)

Instructions:

1. The completed form shall be submitted to: Simsbury Police Department (Records), 933 Hopmeadow St, Simsbury CT 06070-1822 **at least thirty (30) 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: n/a
4. Separate application required for each type of bazaar activity.

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

Type of Game, Cost & Total Number to be Operated (select ONE – Separate permit application required for each type):☐ Blower Ball/Cage Ball Total: ____ Price per ticket: ____☐ Teacup Raffle (one per day max) Total: ____ Price per ticket: ____☐ 50/50
(up to 3 drawings per day) Total: ____ Price per ticket: ____☐ Other: _____
Must attach description Total: ____ Price per ticket: ____**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
-\$0-					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

Simsbury Police Department

933 Hopmeadow Street
Simsbury, CT 06070-1822

Records Division: 860-658-3125



For Official Use Only

Received: _____

By: _____

From (Organization): _____

Permit# _____

INSTRUCTIONS: COMPLETE & SUBMIT WITH APPLICATION FOR A PERMIT TO CONDUCT A CLASS 3 BAZAAR

STATEMENT OF ACTIVE MEMBERS

**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:

- b. I am a resident of the state of Connecticut.
- b. 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 and authorize the Simsbury Police Department to investigate my suitability.
5. I am familiar with the provisions of the Act which PROHIBIT:
 - b. 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:
 - b. 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 FOR THIS APPLICATION:

1	2	3
PRINTED Name	PRINTED Name	PRINTED Name
Signature	Signature	Signature
Address	Address	Address
Date	Date	Date
ALL AKA (maiden, previous married name, etc.): _____(initial) <input type="checkbox"/> None-I certify I have no other names by which I have been known	ALL AKA (maiden, previous married name, etc.): _____(initial) <input type="checkbox"/> None-I certify I have no other names by which I have been known	ALL AKA (maiden, previous married name, etc.): _____(initial) <input type="checkbox"/> None-I certify I have no other names by which I have been known

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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 Simsbury Police Department's Records Division by the end of the month following bazaar event.**

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): \$
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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