

Town of Colchester 127 Norwich Avenue Colchester, CT 06415

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Application for a Permit to Conduct a Raffle

<u>Instructions:</u>

- 1. The completed form shall be submitted to: Town of Colchester, First Selectman's Office, 127 Norwich Ave. at least fifteen (15) days prior to the start of the raffle.
- 2. This application must include a sample draft of the raffle ticket.
- 3. Applying organization must be a qualifying non-profit functioning for a minimum of six (6) months.
- 4. Your application must be completed, signed, and accompanied by a check or money order made payable to: Town of Colchester

Name of Sponsoring Organization											
If this organization previously held a raffle permit, list permit					F	EIN	IRS Exer	mpt Status Code) -			
Street Address	City				State	Zip Code					
Mailing Address (if different	City				State	Zip Code					
Telephone Number (with	Email Address										
Contact Person for this Application Contact				hone Numbe	er	Contact Email Addr	dress				
Organization Category (cl	heck only one):										
An educational or charita			An officially recognized organization or association of veterans of any war in which the U. S. was engaged								
A civic, service, or social											
A fraternal or fraternal b			A political party or town committee of the municipality in which the raffle is to be held								
A church or religious org	ganization										
Give the names of the the to be conducted. These is Members must be reside	ndividuals will a	ffix their s	signat								
First Name				Telephone 1	Nui	mber (with area code)	Date of Birth				
First Name	Last Name			Telephone 1	Vui	mber (with area code)	Date of Birth				
First Name	Last Name			Telephone 1	Nui	mber (with area code)	Date of Birth				
Ranking Officer Name			Title				Date of Birth				
Residence Street Address			City				State	Zip Code			
								I			

Raffle Classifica													
Class I \$ 7	5 .00	Class			☐ Cla	ss IV \$ 15.00	☐ C	Class V \$ 120.00			I \$ 150.00		
·Max. aggregate	prize	·Max. agg		orize	·Max. aggregate prize			·Max. aggregate prize			egate prize		
total of \$15,000		total of \$2	2,000		total of	\$100 tota		al of \$50,000		total of \$10	00,000		
·Max. time 3 mor	nths	·Max. time	e 2 mon			Max. time 1 month		·Max. time 9 montl		Max. time	12 months		
·Allowed 1 per y	·Allowed 1 per year ·Allowed 3 per year			ear	ar ·Allowed 1 per year			ved 5 per yea	ır 🗀	Allowed 5	per year		
Raffle Descripti	on: (Cl	neck Only O	ne)				I						
Winner Need Not Be Present			☐ Duck Race										
Cow Chip			☐ Frog Race				Winner Must Be Present (must be on ticket)						
			Bank Name				Dedicated Account Number						
Cash Prize (dedicated bank account info required)				Jank IN	anne		Deal	edicated Account Number					
	Special Tuition (dedicated bank account info required)			Bank Name				Dedicated Account Number					
		ant mio requi	ieu)	Dra	wing Da	to		Time	f Drozazir	<u></u>			
Starting Date of	Starting Date of Sales				wing Da	ite		Time of Drawing ☐AM ☐ PM					
Number of Ticke	ets to b	e Printed		I		Unit Price of T	ickets to	be Sold (only	one pri	ice)			
Place Where Dra	awing	is to be Helo	d:										
Name of Place													
Street Address				City					State Zip Code				
List the items	of ovn	onso intend	nd to be	inally	od or no	id in connection	n with th	no holding o	novetin	g and ear	ducting		
						ons to whom, a							
					one pers	ons to whom, a	na the p	ar poses for	wiiicii, t	ncy are a	be para.		
*Attach additional sheets as necessary. Expense (\$) Name Street				et Addre	ddress City				State Purpose				
1 (1)				Street Hadress			J			1			
Separately list	in det	ail all items	offere	d as pri	izes in co	onnection with	such raf	fle, indicate	whethe	r or not th	ne items		
						ion or the retai		*					
						urchased or by			-	,			
*Attach additi	onal sl	neets as nec	essary.		_	_							
Merchandise		Donated	Retail	Aı	mt. Paid	Name	St	reet Address	3	City	State		
		Yes/No	Value	by	org.								
										ĺ	Ī		

State the specific purpose to which the entire net proceeds of such raffle 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						
Signature of First Selectman	Date						