## Ansonia Police Department 2 Elm Street Ansonia, CT 06401

## Application for a Permit to Conduct a Raffle

## <u>Instructions:</u>

- 1. The completed form shall be submitted to: Ansonia Police Department 2 Elm Street Ansonia, CT 06401 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:

## City of Ansonia

City of Ansoma											
Name of Sponsoring Orga	anization										
If this organization previously held a raffle permit, list permit				it number:	Fl	EIN	IRS Exempt Status Code 501(c) -				
Street Address			City	•			State	State Zip Code			
Mailing Address (if different	ent than above)		City				State	Zip Code			
Telephone Number (with	Emai	Email Address									
Contact Person for this Ap	pplication	Contact	 Telepl	hone Numbe	er	Contact Email Addı	dress				
Organization Category (cl	heck only one):										
An educational or charita	able organization					cially recognized organi s of any war in which th	ization or association of 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 the to be conducted. These i Members must be reside	ndividuals will a	ffix their s	signat								
First Name	Last Name			Telephone N	Vui	mber (with area code)	Date of Birth				
First Name	Last Name			Telephone N	Vui	mber (with area code)	) Date of Birth				
First Name	Last Name			Telephone N	Vui	mber (with area code)	Date of Birth				
			1								
Ranking Officer Name			Title				Date of Birth				
Residence Street Address			City				State	Zip Code			

Class T \$75.00	Raffle Classifica	ation:														
total of \$15,000			Class	II \$	30.00	Clas	ss IV \$ 15.00		] C1	lass V \$ 120	.00		class VI	\$ 150.00		
Max, time 3 months		prize														
Allowed 1 per year  Allowed 2 per year  Allowed 2 per year  Allowed 5 per year  Winner Must be Present  must be on ficket  must be on ficket  must be on ficket  must be on ficket  Cash Prize  (dedicated bank account info required)  Special Tuition  (dedicated bank account info required)  Starting Date of Sales  Drawing Date  Time of Drawing  Allowed 5 per year  Winner Must be Present  must be on ficket  Time of Drawing  Allowed 5 per year  Winner Must be Present  must be on ficket  Dedicated Account Number  Time of Drawing  Time of Drawing  Time of Drawing  Allowed 5 per year  Dedicated Account Number  Time of Drawing  Time of D		.1			. 1							-				
Raffle Description: (Check Only One)    Winner Need Net Be Present   Duck Race   Winner Must Be Present (must be on ticket)   Cash Prize (dedicated bank account info required)   Bank Name   Dedicated Account Number (dedicated bank account info required)   Bank Name   Dedicated Account Number (dedicated bank account info required)   Bank Name   Dedicated Account Number (dedicated bank account info required)   Drawing Date   Time of Drawing   AM   PM   Number of Tickets to be Printed   Unit Price of Tickets to be Sold (only one price)   Place Where Drawing is to be Held: Name of Place  Street Address   City   State   Zip Code   List the items of expense intended to be incurred or paid in connection with the holding, operating, and conducting of such raffle 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 (S)   Name   Street Address   City   State   Purpose    Separately list in detail all items offered as prizes in connection with such raffle, 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.  *Attack additional sheets as necessary.  Merchandise   Donated   Retail   Namt. Paid   Name   Street Address   City   State    *Yes/No   Value   by Org.   Name   Street Address   City   State    *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.																
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Cow Chip	• • • • • • • • • • • • • • • • • • • •					ıck Race										
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