



TOWN OF NEW MILFORD
 POLICE DEPARTMENT
 49 Poplar Street - New Milford, CT 06776
 Tel. (860) 355-3133 Fax (860) 354-2870
 www.newmilfordpolice.org

For Official Use Only

Application for a Permit to Conduct a Raffle

Instructions:

1. The completed form shall be submitted to: 49 Poplar Street New Milford, CT 0676 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 "New Milford Police Department" **Fee schedule is on page 2 of this application.**

Name of Sponsoring Organization			
If this organization previously held a raffle 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):			
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 raffle is to be conducted. These individuals will affix their signature to form NMPD 279. 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

Raffle Classification:				
Class VII \$ 300.00				
Max. aggregate prize total of \$50,000				

Raffle Description:				
Winner Need Not Be Present	Duck Race		Winner Must Be Present (must be on ticket)	
Cow Chip	Frog Race			
Cash Prize (dedicated bank account info required)	Bank Name		Dedicated Account Number	
Special Tuition (dedicated bank account info required)	Bank Name		Dedicated Account Number	
Starting Date of Sales		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 (\$)	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.
 *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 raffle 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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