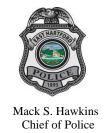


## **Town of East Hartford Police Department**

## 31 School Street East Hartford, CT 06108-2638 (860) 528-4401



## XERIFIED BAZAAR STATEMENT"

## <u>Instructions:</u>

- 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 City	town Police Depart	ment by the	end of the following mor	nth.	
Name of Sponsoring Organization		Permit Number			
Street Address	City		State	Zip Code	
Siteet Address		City		State	Zip Code
Class of Raffle Held	Date(s) Raffle Was Held				
		Starting:	ng: Terminating:		
Was this a tuition raffle? Place	Raffle Was H	eld			
☐ Yes ☐ No					
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:					\$
Number of Tickets Sold and Price per Ticket: List the number of unsold tickets:					
# @\$	(*No	(*Note-these tickets must be kept with all other records for one (1) year)			
Total Dagginto from Tigliot Color					
Total Receipts from Ticket Sales:	Total Expenses:		Net Profit (Total Receipts minus Total Expenses):		
\$	\$	\$			
List the uses to which the entire net profit of the raffle has been or is to be applied:					

Prize Retail Value Name and Address of Prize Recipient Winning Ticket Number \$ 1. 2. \$ 3. \$ \$ 4. \$ 5. \$ 6. Statement of Printer of Tickets Name of Business Telephone Number Street Address Zip Code State City The Last Numbered Ticket Was: The Total Number of Tickets Was: The First Numbered Ticket Was: I, the printer of the tickets used in the raffle described herein, do hereby state, under penalty of false statement, that the tickets were numbered consecutively and there were no duplications. Print Name of Printer Signature Date 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 raffle described herein. Telephone Print Name of Designated Active Member Signature Date 1. 2. 3. Print Name of Ranking Officer Signature Telephone Date

List the prizes with a retail value of fifty dollars (\$50.00) or more, the retail value of each prize, the names and

addresses of the persons to whom such prizes were awarded, and the winning ticket number: