South Windsor Police Department
151 Sand Hill Road
South Windsor, CT 06074

Raffle Application

Application for a Permit to Conduct a Raffle

Instructions:
1. The completed form shall be submitted to: South Windsor Police Department, 151 Sand Hill Road, South Windsor, CT 06074 **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 South Windsor

Name of Sponsoring Organization			
If this organization previously held a raffle permit, list permit number:	FEIN	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 this 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 CGR-2A. 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
First Name	Last Name	Telephone Number (with area code)	Date of Birth
First Name	Last Name	Telephone Number (with area code)	Date of Birth

Ranking Officer Name	Title	Date of Birth	
Residence Street Address	City	State	Zip Code

CFS #

Raffle Classification:

☐ **Class I $75.00**	☐ **Class II $30.00**	☐ **Class IV $15.00**	☐ **Class V $125.00**	☐ **Class VI $150.00**
·Max. aggregate prize total of $15,000 ·Max. time 3 months ·Allowed 1 per year	·Max. aggregate prize total of $2,000 ·Max. time 2 months ·Allowed 3 per year	·Max. aggregate prize total of $100 ·Max. time 1 month ·Allowed 1 per year	·Max. aggregate prize total of $50,000 ·Max. time 9 months ·Allowed 5 per year	·Max. aggregate prize total of $100,000 ·Max. time 12 months ·Allowed 5 per year

Raffle Description: (Check Only One)

☐ 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.

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