

WESTON POLICE DEPARTMENT

WESTON, CONNECTICUT 06883

NOTICE AND STATEMENT OF APPLICANT

NOTICE

The purpose of this notice is to advise that all applications for registrations/permits are individually checked for convictions of any crime other than traffic violations.

Your failure to truthfully disclose any such convictions, either for yourself or your spouse may result in the denial of your application for registrations/permits.

Similarly, your failure to provide all of the details of any conviction, such as the date of the conviction, the offense of which you were convicted, the court location where you were convicted and the disposition made by the court location where you were convicted and the disposition made by the court in your case, i.e., 30 days - \$50 fine, probation, etc. will also be cause for denial of the registration/permit.

In addition, any falsification or untruthful answer to any other question on the application may result in a denial of the registration/permit.

I HEREBY CERTIFY that I have read the foregoing application and affirm that every statement contained therein is TRUE, COMPLETE AND CORRECT. I understand that if I misstate or omit any fact, I am subject to the penalties provided by law and by the above mentioned applicable regulations.

I HEREBY AUTHORIZE the Weston Police Department to investigate any and all records concerning my background, including – but not limited to – any criminal convictions. I FULLY UNDERSTAND the preceding WAIVER.

Printed Name of Applicant

Date of Birth

Signature of Applicant

Today's Date

Fill One Out For Each Designated Member

WESTON POLICE DEPARTMENT

WESTON, CONNECTICUT 06883

Application for a Permit to Conduct a Raffle

- The Completed form shall be submitted to: Weston Police Dept., 56 Norfield Road, Weston, CT 06883 at least 15 days prior to the start of the Raffle.
- This application **must** include a sample draft of the raffle ticket.
- Applying organization must be a qualifying non-profit functioning for a minimum of six (6) months.
- Your application must be completed, signed and accompanied by a check or money order made payable to "Weston 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 #		Federal ID #	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):

<input type="radio"/> An educational or charitable organization <input type="radio"/> A Civic, service or social club <input type="radio"/> A fraternal or fraternal benefit society <input type="radio"/> A church or religious organization	<input type="radio"/> An officially recognized organization or association of veterans of any war in which the U.S. was engaged <input type="radio"/> An officially recognized volunteer fire company <input type="radio"/> A political party or town committee of the municipality in which the raffle is to be held
--	---

Give the names of 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-1A. The three (3) Designated Active Members must be residents of the State of Connecticut.

First Name	Last Name	Telephone Number	Date of Birth
First Name	Last Name	Telephone Number	Date of Birth
First Name	Last Name	Telephone Number	Date of Birth

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

Raffle Classification:

<input type="radio"/> Class 1 - \$50 Max aggregate prize total of \$15,000 Max. time 3 months Allowed 1 per year	<input type="radio"/> Class 2 - \$20 Max aggregate prize total of \$2,000 Max. time 2 months Allowed 3 per year	<input type="radio"/> Class 4 - \$5 Max aggregate prize total of \$100 Max. time 1 month Allowed 1 per year	<input type="radio"/> Class 5-\$80 Max aggregate prize total of \$50,000 Max. time 9 months Allowed 5 per year	<input type="radio"/> Class 6-\$100 Max aggregate prize total of \$100,000 Max time 12 month Allowed 5 per year
---	--	--	---	--

Raffle Description:

<input type="radio"/> Winner Need Not Be Present <input type="radio"/> Cow Chip <input type="radio"/> Duck Race		<input type="radio"/> Frog Race <input type="radio"/> Winner must be present (must be on ticket)	
<input type="radio"/> Cash Prize (Dedicated Bank account info needed)	Bank Name		Dedicated Account Number
<input type="radio"/> Special Tuition (Dedicated Bank account info needed)	Bank Name		Dedicated Account Number
Starting Date of Sales	Drawing Date	Time of Drawing	<input type="radio"/> AM <input type="radio"/> 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

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 person to whom, and the purposes for which, they are to be paid.

Expense (\$)	Name	Street Address	City	State	Purpose
					Permit Fee

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.

Merchandise	Donated Yes/No	Retail Value	Amt. Pd. By organization	Name	Address/City/State

State The Specific Purpose to which the entire net proceeds of such Raffle are to be devoted:

--

I certify, under the 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:
-------------------------------	-------

Prize	Retail Value	Name & Address of Prize Recipient	Winning Ticket #
1.	\$		
2.	\$		
3.	\$		
4.	\$		
5.	\$		
6.	\$		

Statement of Printer of Tickets

Name of Business		Telephone Number	
Street Address		City	State Zip Code
The Total Number of Tickets Was:	The First Numbered Ticket Was:	The Last 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.

Print Name of Designated Active Member	Signature	Telephone	Date
1.			
2.			
3.			

Print Name of Ranking Officer	Signature	Telephone	Date