Town of New Canaan

New Canaan Police Department 174 South Avenue

New Canaan, CT 06840

Email: NCCG@newcanaanct.gov

 $Web\ site: \ \underline{newcanaanct.gov/services/charitable games}$

Phone: (203) 594-3518

Verified Raffle Statement

Instructions:

- 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	y/town Police D	epartment b	by the end of	the follo	wing month.		
Name of Sponsoring Organizat		Per			Permit Numbe	ermit Number	
Street Address			City			State	Zip Code
Class of Raffle Held			Date(s) Raffle Was Held				
			Starting: Terminating:				
Was this a tuition raffle?	Place and Tow	n Where Raf	fle Was Held	l			
☐ Yes ☐ No							
List each item of expense in address of each person to w					made or to be 1	nade, and the n	ame and
Expense/Expenditure			Name and Address of Payee				Amount
1.							\$
2.							\$
3.							\$
4.							\$
5.							\$
6.							\$
					•	Fotal Expenses:	\$
Number of Tickets Sold and Price per Ticket:			List the number of unsold tickets:				
# @ \$			(*Note-these tickets must be kept with all other records for one (1) year)				
Total Receipts from Ticket Sales: Total Expenses:			Net Profit (Total Receipts minus Total Expenses):				
\$			\$				
List the uses to which the e	ntire net profit	of the raffl	e has been	or is to b	e applied:		

addresses of the persons to whom such prizes were awarded, and the winning ticket number: Name and Address of Prize Recipient Winning Ticket Number Prize Retail Value \$ 1. 2. \$ \$ 3. \$ 4. \$ 5. \$ 6. **Statement of Printer of Tickets** Name of Business Telephone Number Street Address City State Zip Code 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. Print Name of Designated Active Member Signature Telephone 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