

**CHARITABLE GAMES
VERIFIED RAFFLE STATEMENT**

CGF-7 Rev. 9/04

STATE OF CONNECTICUT
DIVISION OF SPECIAL REVENUE
Charitable Games
555 Russell Road
Newington, CT 06111-1523



- INSTRUCTIONS:**
1. The three designated active members of the sponsoring organization must complete this form in duplicate.
 2. Submit both copies of this form to the Chief of Police or First Selectman of the municipality which issued such permit during the next succeeding month.
 3. The Chief of Police or First Selectman, as the case may be, shall forward the original copy to the Division of Special Revenue at P.O. Box 310424, Newington, CT 06131-0424 within five (5) business days.

NAME OF ORGANIZATION	PERMIT NUMBER
----------------------	---------------

ADDRESS (No. and Street)	(City or Town)	(State)	(Zip Code)
--------------------------	----------------	---------	------------

CLASS OF RAFFLE HELD	RAFFLE DATES COMMENCING: / / TERMINATING: / /
----------------------	--

WAS THIS A COW-CHIP RAFFLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	PLACE AND TOWN WHERE RAFFLE WAS HELD
---	--------------------------------------

AMOUNT OF GROSS RECEIPTS \$	TOTAL EXPENSES \$	NET PROFIT \$
--------------------------------	----------------------	------------------

GIVE THE NUMBER OF TICKETS SOLD AND THE PRICE PER TICKET # @ \$	GIVE THE NUMBER OF UNSOLD TICKETS (THESE TICKETS MUST BE KEPT WITH ALL OTHER RECORDS FOR ONE (1) YEAR.)
--	---

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.		\$
7.		\$
8.		\$
9.		\$
10.		\$
11.		\$
12.		\$
TOTAL EXPENSES (ADD ITEMS 1 THROUGH 12)		\$

LIST THE USES TO WHICH THE NET PROFIT HAS BEEN OR IS TO BE APPLIED:

PRIZES

LIST EACH PRIZE OFFERED, THE RETAIL VALUE, THE NAME AND ADDRESS OF THE PERSON WHO WAS AWARDED SUCH PRIZE, AND THE WINNING TICKET NUMBER.

PRIZE OFFERED/AWARDED	RETAIL VALUE	NAME AND ADDRESS OF PRIZE RECIPIENT	WINNING TICKET #
1.	\$		
2.	\$		
3.	\$		
4.	\$		
5.	\$		
6.	\$		

STATEMENT OF PRINTER OF TICKETS

NAME OF BUSINESS		TELEPHONE NO.	
BUSINESS ADDRESS (No. and Street)		(City or Town)	(State) (Zip Code)
THE TOTAL NUMBER OF TICKETS WAS:	THE FIRST NUMBERED TICKET WAS:	THE LAST NUMBERED TICKET WAS:	
I, THE PRINTER OF TICKETS USED IN SAID RAFFLE, DO HEREBY STATE, UNDER PENALTY OF FALSE STATEMENT, THAT THE TICKETS WERE NUMBERED CONSECUTIVELY AND THERE WERE NO DUPLICATIONS.			
PRINT NAME	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 NO.	DATE
1.			/ /
2.			/ /
3.			/ /
PRINT NAME OF RANKING OFFICER	SIGNATURE	TELEPHONE NO.	DATE
			/ /

CONCLUSION OF POLICE CHIEF/FIRST SELECTMAN

I HAVE EXAMINED THE FOREGOING REPORT AND COMPARED IT WITH THE ORIGINAL APPLICATION.

I HAVE FOUND NO DISCREPANCIES

I HAVE FOUND THE FOLLOWING DISCREPANCIES*

*

SIGNATURE OF POLICE CHIEF/FIRST SELECTMAN	TOWN	DATE / /
---	------	----------