TOWN OF KINGSTON

RAFFLE & BAZAAR PERMIT  (Chapter 810 - Acts of 1969)

Name of Non-Profit Organization

Address of Non-Profit Organization

We, the undersigned, do hereby certify that the above-named organization has been organized and actively functioning as a non-profit organization in the Commonwealth of Massachusetts for a period of not less than two years before applying for this permit.

Authorized Signature  Address  Phone Number

Authorized Signature  Address  Phone Number

Authorized Signature  Address  Phone Number

Date

Sworn and subscribed to before me this ___ day of ____________, 20___

s:  Raffles f: Temple Raffle & Bazaar Permit

______________________________  Notary Public
COMMONWEALTH OF MASSACHUSETTS
TOWN OF KINGSTON

APPLICATION FOR PERMIT TO CONDUCT RAFFLES AND BAZAARS
(C. 810, ACTS OF 1969)

Name and Address of Non Profit Organization:                      FEE: $25.00

______________________________________________________________

Evidence of Qualification of Permit:

__ (a) Veterans’ organization chartered by the Congress of the United States or included in
clause (12) of section (5) of chapter (40) of the General Laws; or,

__ (b) Church or religious organization; or,

__ (c) Fraternal of fraternal benefit society; or,

__ (d) Educational or charitable organization; or,

__ (e) Civic or service club or organization; or,

__ (f) Club or organization organized and operated exclusively for pleasure, recreation and
other nonprofit purposes, no part of the net earnings of which inures to the benefit of
any member or shareholder.

Officers and members of organization responsible for operation of raffle or bazaar:

NAME                              RESIDENTIAL ADDRESS
______________________________________________________________
______________________________________________________________
______________________________________________________________

Uses to which proceeds will be applied:

______________________________________________________________

______________________________________________________________

Signature of Authorized Officer or Member of Organization

Application certified to be in conformity with C. 810, Acts of 1969

The Applicant (is) (is not) qualified to operate raffles and bazaars under the provisions of C. 810, Acts of 1969

PERMIT (ISSUED) (DENIED)

TOWN CLERK ____________________________ CHIEF OF POLICE ____________________________

S: Raffle f: Template Raffle Permit 2016
THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF KINGSTON

ANNUAL REPORT - RAFFLES 7 BAZAARS

DATE: _________________

NAME OF ORGANIZATION

Expiration Date of Permit: _________________
Number of Raffles Held: _________________

Amount of Money Received: $ _________________

Expenses Connected with Raffles Conducted: $ _________________

Net Proceeds: $ _________________

For what purposes were the Proceeds used?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Name & Address of Winners of $25.00 or More: (additional pages if necessary)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

We, the Undersigned, do hereby certify that this report is true and complete:

Accountant: ____________________________
OFFICERS: ____________________________

________________________________________________________________________

Report Certified to be in Conformity with C. 810, Acts 1969: ____________________________
TOWN CLERK

RENEWAL PERMIT WILL NOT BE ISSUED TO LICENSEE UNTIL THIS REPORT HAS BEEN COMPLETED AND FILED WITH THE COMMISSIONER OF PUBLIC SAFETY.

**NOTICE OF ISSUANCE OF:**

**RAFFLE AND / OR BAZAAR LICENSE**

**CITY OR TOWN .........................**

---

**Name of Authorized Organization**

**Address (Street)  City/Town ZIP CODE**

---

**FORM IS TO BE RETURNED TO:**

**CHARITABLE GAMING DEPARTMENT**

Massachusetts State Lottery

P.O. Box 859012

BRAINTREE, MA 02185-9012

**PRINT IN INK, OR TYPEWRITE**

---

**FOR M.S.L.C. USE ONLY**

☑ TAX FORM SENT

**DATE**

**INV. ASSIGNED:**

Assigned By

---

**AUTHORIZED OFFICER OF ORGANIZATION SIGN BELOW**

**Signature of Officer Date**

**Title Date**

**TELEPHONE NUMBERS**

<table>
<thead>
<tr>
<th>AREA</th>
<th>HOME PHONE</th>
</tr>
</thead>
</table>

**DATE OF OCCASION**

**NUMBER OF OCCASIONS NEXT TWELVE (12) MONTHS**

---

**FOR MASSACHUSETTS STATE LOTTERY COMMISSION USE ONLY**

**IDENTIFICATION NUMBER DATE RECEIVED**

---

**FOR CITY / TOWN USE ONLY**

**Date of issue City / Town Official Title**

---

**COMPLETE AND SIGN THE REVERSE SIDE**