



BAZAAR PERMIT

Office of the Chief

APPLICATION FOR A PERMIT
TO CONDUCT A
CLASS III BAZAAR
IN THE CITY OF NEW HAVEN

FOR OFFICIAL USE ONLY

DATE PERMIT SUBMITTED: _____

PERMIT RECEIVED BY: _____

BACKGROUNDS COMPLETED: _____

APPROVED BY: _____

PERMIT # ISSUED: _____ DATE ISSUED: _____

Bazaar Application Checklist:

1. Application Completed



2. IRS Determination Letter



3. Form 1A



4. Contact Person: _____

Phone: _____

5. Bazaar Start Date: _____

End Date: _____

6. Amount Enclosed: _____

Cash/Check No: _____

INSTRUCTIONS TO COMPLETE A BAZAAR APPLICATION

Please complete each section on the Application for a Permit to Conduct a Bazaar form, and the Statement of Active Members form. Please keep in mind that a bazaar event only encompasses games of chance and not games of skill.

1. If the organization has a determination letter from the IRS confirming the organization's exempt status, a copy is to be included with the application.
2. Provide a complete name and address (number, street, city/town, state, zip) of the sponsoring organization.
3. Provide a complete **mailing** address (number, street, city/town, state, zip) of the sponsoring organization.
4. Provide a telephone number and email address for the sponsor organization.
5. Provide the name, telephone number, and email address of the **contact** person for this application.
6. Choose one of the seven (7) organization categories that applies to your organization.
7. Give the complete name, telephone number and date of birth (month, day, year) for each of the three Designated Active Members
Note: The three Designated Active Members **MUST** be residents of the State of Connecticut and be at least **eighteen** years of age.
8. The three Designated Active Members listed on the bazaar application must read the information provided on the *Statement of Active Members Form 1A* application, print their names in the designated areas and affix their signatures to the **Form 1A**.
9. Provide the title, complete name (first, middle, last), complete home address (number, street, city/town, state, zip) and a complete date of birth (month, day, year) for the **Ranking Officer** of the sponsoring organization.
10. Provide the date(s) (month, day, year), along with the commencing time and terminating time (include a.m. or p.m.), for each day the bazaar is to be conducted.
11. Provide a complete address of where the bazaar is to be held (name of place, number, street, city/town, state, zip).
12. Please check the types and number of games to be operated.
13. Provide the registered dealer information if applicable.
14. Provide all of the expenses directly incurred for the bazaar activity including permit fees and coupon ticket purchases etc. and the names and addresses to whom they were paid.
15. Provide all the merchandise information that will be awarded for the bazaar activity including the names and addresses of the persons/organizations from whom the items were purchased or donated.
Note: 1. If an item is **donated** then the "Retail Value" must be completed.
2. If the item is **purchased** then the "Amt. Paid by Org." must be completed.
3. If an item is **purchased at a reduced price**, complete the "Amt. Paid by Org."
16. Provide the specific purpose of the entire net proceeds.
17. The **Ranking Officer** of the sponsoring organization must sign, provide his/her title, and date the form.
Note: Only the individual listed on the application is recognized as **Ranking Officer** and can sign the permit.

ALLOWABLE BAZAAR PRIZES

All prizes given at a bazaar shall be ***merchandise**. There is an exception, however, which provides for cash awards for **only** two specific types of bazaar games, which are the “fifty-fifty” coupon game and the blower ball cash game. Any organization conducting a bazaar may operate three “fifty-fifty” coupon drawings each day of a permitted bazaar event and must award cash prizes of fifty percent of “fifty-fifty” coupon game sales for each coupon drawing conducted. Blower ball games were already approved for use with merchandise prize awards; however, the law now allows for cash prizes up to \$50.00 each to be awarded, as well. These are the only exceptions that have been made with respect to the type of prizes that may be awarded at a bazaar. Therefore, any qualifying organization that has obtained a bazaar permit **may only award merchandise prizes for every other permissible bazaar game.**

*Merchandise includes gift certificates. Gift certificates must be a value redeemed at a business ie: \$50.00 gift certificate redeemable at Kohl's. It **cannot** be a certificate for a specific service or item such as a haircut or ice- cream cone.

RULES, RESTRICTIONS and REPORTING

1. Permits must be submitted to the New Haven Police Department Chief's Office at least 15 days in advance.
2. The maximum consecutive days allowed for a Bazaar Permit is 10 days.
3. The maximum times a Bazaar Permit can be issued to the same organization is 2 times per year.
4. A scheduled Bazaar Permit cannot be postponed farther out than 10 business days. A new permit will be needed.
5. Each worker must have an ID from the sponsor organization or one signed by the Ranking Officer designating that this person is either an active member or authorized to work on behalf of the organization.
6. Accurate accounting and records of receipts and disbursements must be maintained for one year post date of event.
7. Detailed rules and regulations can be found at the State of CT Department of Consumer Protection, CT PA Sec. 17-231(formerly 17-169 to186)
8. Any sponsoring organization and its members who were in charge thereof, that holds a bazaar, shall furnish to the New Haven Police Department Chief's Office a completed Verified Statement within 30 days of the end of the event. Such report shall be certified to under penalty of false statement by the three persons designated in the permit application as being responsible for the bazaar or raffle.



CITY OF NEW HAVEN
DEPARTMENT OF POLICE SERVICE
ONE UNION AVENUE | NEW HAVEN, CONN. | 06519

(203) 946-6333

newhavenct.gov

Application for a Permit to Conduct a Bazaar

Instructions:

1. The completed form shall be submitted to: New Haven Police Department, Chief's Office at least fifteen (15) days prior to the start of the bazaar.
2. Applying organization must be a qualifying non-profit functioning for a minimum of six (6) months.
3. Your application must be completed, signed, and accompanied by a check or money order made payable to: **Treasurer, City of New Haven.**
4. **Class III Bazaars are \$20.00 per day.**

Name of Sponsoring Organization			
If this organization previously held a bazaar permit, list permit number:		Federal ID Number	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="checkbox"/> An educational or charitable organization		<input type="checkbox"/> An officially recognized organization or association of veterans of any war in which the U. S. was engaged	
<input type="checkbox"/> A civic, service, or social club		<input type="checkbox"/> An officially recognized volunteer fire company	
<input type="checkbox"/> A fraternal or fraternal benefit society		<input type="checkbox"/> A political party or town committee of the municipality in which the raffle is to be held	
<input type="checkbox"/> A church or religious organization			

Designated Active Members of the sponsoring organization under whom the bazaar is to be conducted. These individuals will affix their signature to FORM-1A. The three (3) Designated Active Members must be residents of the state of Connecticut and be over 18 years of age.

First Name	Last Name	Phone: Email:	Date of Birth (mm/dd/yyyy)
First Name	Last Name	Phone: Email:	Date of Birth (mm/dd/yyyy)
First Name	Last Name	Phone: Email:	Date of Birth (mm/dd/yyyy)

Ranking Officer Name		Title	Date of Birth (mm/dd/yyyy)	
Residence Street Address		City	State	Zip Code

Bazaar Description:Provide the date(s) and starting and ending time(s) for each day the bazaar will be conducted:**Place Where Bazaar is to be Held:**

Name of Place

Street Address

City

State

Zip Code

Types of Games and Total Number to be Operated: Blower Ball/Cage Ball Total: _____ Teacup Raffle Total: _____ 50/50 (up to 3 drawings per day) Total: _____ Other: _____ Total: _____**If applicable, from whom are the games of chance equipment to be obtained:**

Registered Dealer Name

Dealer Registration Number

Equipment Rental Fee Paid

List the items of expense intended to be incurred or paid in connection with the holding, operating, and conducting of such bazaar 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
					Municipality Permit Fee

Separately list in detail all items offered as prizes in connection with such bazaar, 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 bazaar are to be devoted.

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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

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FORM 1-A

**STATEMENT OF ACTIVE MEMBERS DESIGNATED BY SPONSORING ORGANIZATION
UNDER WHOM THE BAZAAR IS TO BE HELD, OPERATED OR CONDUCTED**

We, the undersigned, do hereby EACH make the following statement under the penalty of False Statement with respect to the foregoing application:

1. I am a resident of the state of Connecticut.
2. I am a bona fide active member of the sponsoring organization making this application to conduct a bazaar and all statements contained in this application are true to the best of my knowledge and belief.
3. I will be responsible for the holding, operation and conduct of such bazaar in accordance with the terms of the permit, the provisions of the Act, and regulations.
4. I have never been convicted of a felony.
5. I am familiar with the provisions of the Act which PROHIBIT:
 - a. The giving of alcoholic beverages as prizes.
 - b. The paying of commission, salary, compensation, reward or recompense, directly or indirectly, to any person holding, operating, conducting or assisting therein in the operation of a bazaar.
 - c. The promotion or operation of a bazaar by other than duly qualified members of the sponsoring organization.
 - d. The giving of pay to any member for his time or effort in connection with a bazaar.
 - e. The promotion, conduct or operation of a bazaar by a person under the age of 18 or the permitting of same by the sponsoring organization.
 - f. The use of funds derived from the bazaar for purposes other than as stated in this application.
 - g. The paying of any monies except in reasonable amounts for goods, wares and merchandise furnished or services rendered which are necessary for the operation of a bazaar.
6. I am familiar with the provisions of the Act which:
 - a. Make mandatory the immediate revocation of a permit to conduct a bazaar for a violation of the provisions of the Bazaar or Raffle Act, and which provide that an organization whose permit has been revoked for a violation shall not be granted another permit for a period of three years.
 - b. Provide a fine of not more than one thousand dollars or imprisonment for not more than one year or both for a violation of the Act.

PRINTED NAMES AND SIGNATURES OF DESIGNATED ACTIVE MEMBERS:		
NAME <i>(Please print)</i>	NAME <i>(Please print)</i>	NAME <i>(Please print)</i>
1.	2.	3.
SIGNATURE AND DATE	SIGNATURE AND DATE	SIGNATURE AND DATE

City of New Haven Police Department
 Office of the Chief/Permits
 1 Union Avenue
 New Haven, CT 06519
 Phone: 203.946.6270

For Official Use Only

Verified Bazaar 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/town Police Department by the end of the following month.

Name of Sponsoring Organization		Permit Number	
Street Address	City	State	Zip Code
Town Where Bazaar Was Held	Date(s) Bazaar Was Held		
	Starting:		Terminating:
Registered Equipment Dealer Name (if applicable)	Dealer Registration Number (if applicable)		

List all receipts from each type of game of chance operated:

Description of Game	Amount	Description of Game	Amount
1.	\$	4.	\$
2.	\$	5.	\$
3.	\$	6.	\$
Total Receipts From Games of Chance Operated:			\$

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.		\$
Total Expenses:		\$

Total Receipts from Games of Chance:	Total Expenses:	Net Profit (Total Receipts minus Total Expenses):
\$	\$	\$

List the uses to which the entire net profit of the bazaar has been or is to be applied:

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List the prizes with a retail value of fifty dollars (\$50.00) or more, the amount paid for each prize purchased or the retail value of each prize donated, and the names and addresses of the persons to whom such prizes were awarded:

Prize	Purchase Price/Retail Value	Name and Address of Prize Recipient
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
6.	\$	
7.	\$	
8.	\$	
9.	\$	
10.	\$	

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 bazaar described herein.

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

Print Name of Ranking Officer	Signature	Telephone	Date