

Chapter 158. Bazaars and Raffles

[HISTORY: Adopted by the Town of Hebron 11-9-1987 as Title XI, § C of the 1987 Code. Amended in its entirety 1-16-2020. Subsequent amendments noted where applicable.]

§ 158-1. Bazaars and raffles authorized.

Bazaars and raffles are permitted in the Town as authorized by Connecticut state statutes, including without limitation General Statutes § 7-170 et seq., as the same may be amended from time to time. In accordance with Public Act 17-231, effective January 1, 2018, the Town will be responsible for the permitting and enforcement of all bazaars and raffles. In addition, the Town will be responsible for receiving and monitoring the post-event reporting by the organization.

§ 158-2. Permits.

Bazaar and raffle permits may be issued to qualifying nonprofit organizations by the Town Manager. Permit application forms are available on the Town's website or at the Town Manager's office. The permit application, proof of nonprofit status and fees shall be submitted to the Town Clerk.

§ 158-3. Permit fees.

- A. As described in General Statutes § 7-170 et seq., bazaar and raffle permit applications shall be accompanied with the fee as outlined in the table below:

Permit Class	Permit Fee
Class 1	\$50
Class 2	\$20
Class 3	\$10 per day
Class 4	\$5
Class 5	\$80
Class 6	\$100
Class 7	\$100

- B. Payment shall be made payable to "Town of Hebron" and submitted with the permit application to the Town Manager's office.

§ 158-4. Bazaars.

- A. Bazaar permits may be issued to qualifying nonprofit organizations wishing to run a bazaar in the Town of Hebron. Bazaar permit application fees are on a per-day basis. Examples of bazaar games are 50/50, tea cup, and blower ball games. If total prizes exceed \$7,500, the Town shall investigate the qualifications of the organization and verify the facts on the application.
- B. After each bazaar has been permitted and completed, a verified statement to include gross receipts, expenses, net profit and prizes awarded is to be filed with the Town Manager's office by the organization at the end of the next succeeding month. There is no payment to the Town in conjunction with the verified statement.

§ 158-5. Raffles.

- A. Raffle permits are issued to qualifying nonprofit organizations wishing to run a raffle in the Town of Hebron. There are various classes of raffle permits which are based on factors such as length of time tickets will be sold and the aggregate value of prizes to be awarded. The application fees differ for each raffle permit type. Examples of raffles are cash prizes, duck race, cow chip, frog race, golf ball drop, etc. If total prizes exceed \$7,500, the Town shall investigate the qualifications of the organization and verify the facts on the application.

- B. After each raffle has been permitted and completed, a verified statement to include gross receipts, expenses, net profit and prizes awarded is to be filed with the Town Manager's office by the organization at the end of the next succeeding month. There is no payment to the Town in conjunction with the verified statement.

§ 158-6. Revocation of permits.

The Town Manager shall have the authority to investigate potential violations of this chapter and the applicable state statutes and, in his or her discretion, to protect the public welfare, may immediately suspend or revoke any permit issued under this section and to order that the person holding such permit cease and desist from the actions constituting any such violation. Any person aggrieved by such order shall have the right to appeal such decision as provided by state statute. In the event the Town Manager revokes a permit issued pursuant to this section, no bazaar or raffle permit shall be issued to such permittee for a period of one year after the date of such revocation.

§ 158-7. Penalties for offenses.

Failure of any organization to file the required permit application or verified statement shall be in violation of this chapter. Any organization violating any provision of this chapter shall be fined not less than \$200 nor more than \$1,000.



Town of Hebron

TOWN OFFICE BUILDING
15 GILEAD STREET
HEBRON, CONNECTICUT 06248
TELEPHONE: (860) 228-5971
FAX: (860) 228-4859
www.hebronct.com

Application for a Permit to Conduct a Class 3 Bazaar

Instructions:

- The completed form shall be submitted to:
at least fifteen (15) days prior to the start of the bazaar.
- 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:

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 <u>this</u> 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			

Give the names of the three (3) Designated Active Members of the sponsoring organization under whom the bazaar 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 (with area code)	Date of Birth (mm/dd/yyyy)
First Name	Last Name	Telephone Number (with area code)	Date of Birth (mm/dd/yyyy)
First Name	Last Name	Telephone Number (with area code)	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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For Official Use Only

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



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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): \$
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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

Application for a Permit to Conduct a Raffle

Instructions:

- The completed form shall be submitted to:
at least fifteen (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
“
” **Fee schedule is on page 2 of this application.**

Name of Sponsoring Organization			
If this organization previously held a raffle 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 <u>this</u> Application	Contact Telephone Number	Contact Email Address	
Organization Category (check only one):			
An educational or charitable organization		An officially recognized organization or association of veterans of any war in which the U. S. was engaged	
A civic, service, or social club		An officially recognized volunteer fire company	
A fraternal or fraternal benefit society		A political party or town committee of the municipality in which the raffle is to be held	
A church or religious organization			

Give the names of the three (3) Designated Active Members of the sponsoring organization under whom the raffle is to be conducted. These individuals will affix their signature to the statement form. The three (3) Designated Active Members must be residents of the state of Connecticut.

First Name	Last Name	Telephone Number (with area code)	Date of Birth (mm/dd/yyyy)
First Name	Last Name	Telephone Number (with area code)	Date of Birth (mm/dd/yyyy)
First Name	Last Name	Telephone Number (with area code)	Date of Birth (mm/dd/yyyy)

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

Raffle Classification:				
Class I \$.00	Class II \$.00	Class IV \$.00	Class V \$.00	Class VI \$.00
·Max. aggregate prize total of \$15,000	·Max. aggregate prize total of \$2,000	·Max. aggregate prize total of \$100	·Max. aggregate prize total of \$50,000	·Max. aggregate prize total of \$100,000
·Max. time 3 months	·Max. time 2 months	·Max. time 1 month	·Max. time 9 months	·Max. time 12 months
·Allowed 1 per year	·Allowed 3 per year	·Allowed 1 per year	·Allowed 5 per year	·Allowed 5 per year

Raffle Description:				
Winner Need Not Be Present	Duck Race		Winner Must Be Present (must be on ticket)	
Cow Chip	Frog Race			
Cash Prize (dedicated bank account info required)	Bank Name		Dedicated Account Number	
Special Tuition (dedicated bank account info required)	Bank Name		Dedicated Account Number	
Starting Date of Sales		Drawing Date		Time of Drawing AM 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 Code

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 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

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.
*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 raffle are to be devoted.

--

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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STATEMENT OF ACTIVE MEMBERS DESIGNATED BY SPONSORING ORGANIZATION UNDER WHOM THE RAFFLE 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 raffle 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 raffle 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 cash prizes, except with an approved "Class No. 1", "Class No. 2", "Class No. 4", cow-chip, duck-race, golf ball drop ("Class No. 6" only), or frog-race raffle permit.
 - b. The giving of alcoholic beverages as prizes.
 - c. The giving of prizes redeemable for cash.
 - d. 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 raffle.
 - e. The promotion or operation of a raffle by other than duly qualified members of the sponsoring organization.
 - f. The giving of pay to any member for his time or effort in connection with a raffle.
 - g. The promotion, conduct or operation of a raffle by a person under the age of 18 or the permitting of same by the sponsoring organization.
 - h. The selling or promoting of the sale of raffle tickets by persons under the age of 16 years, or the permitting of the same by the sponsoring organization.
 - i. The use of funds derived from the raffle for purposes other than as stated in this application.
 - j. 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 raffle.
6. I am familiar with the provisions of the Act which:
 - a. Provide that each raffle ticket shall have printed thereon the time, date and place of the raffle, the three most valuable prizes to be awarded and the total number of prizes to be awarded.
 - b. Require all proceeds from cash prize raffles to be deposited in a special checking account established and maintained by the sponsoring organization, and all raffle expenses and cash prizes awarded shall be paid from such account.
 - c. Require all proceeds from special tuition raffles to be deposited in an approved dedicated bank account and all raffle expenses shall be paid from such account.
 - d. Make mandatory the immediate revocation of a permit to conduct a raffle 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.
 - e. 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

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

--

List the prizes with a retail value of fifty dollars (\$50.00) or more, the retail value of each prize, the names and addresses of the persons to whom such prizes were awarded, and the winning ticket number:

Prize	Retail Value	Name and Address of Prize Recipient	Winning Ticket Number
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