



Haverhill

City Clerk's Office, Room 118
Phone: 978-374-2312 Fax: 978-373-8490
cityclerk@cityofhaverhill.com

Dear Applicant:

Please find the required forms and applications for the Raffle & Bazaar Permit enclosed. You may find it helpful to reference the example packet to be certain all required information is filled in.

NEW Raffle & Bazaar Permits: Fill in all areas that are shaded on the example forms

- 3 ORIGINAL copies of the application (be sure to include each officer's date of birth)
- 1 Notice of Issuance (small green form)
- \$50.00 (cash, check, and money order are acceptable methods of payment)
- Evidence that your organization is eligible to hold a raffle or bazaar

Please note that once your application has been received it needs to be approved by the Chief of Police before we can issue the permit. Permits are typed and mailed out by this office once they are approved. Permits are good for 1 year from the date of issuance. It is the responsibility of the organization to submit 2 original copies of the annual report to the City Clerk's Office once all raffles and bazaars for the permit year are complete. Should an organization wish to **renew** their Raffle and Bazaar permit for the following year, they will need to submit the 2 annual report forms before beginning the re-application process.

* * *

All applicants are asked to carefully read over the enclosed materials to be certain that your organization meets all guidelines set forth by the Commonwealth of Massachusetts. There are serious legal ramifications for unauthorized groups holding such events. For this reason we ask that if you have any questions about your application please visit the following website www.ago.state.ma.us (Charities) and/or call one of the offices below.

- Office of the Attorney General, Division of Public Charities.....(617) 727-2200
- Massachusetts State Lottery Commission..... (781) 849-5555
- Office of the Commissioner of Public Safety.....(617) 727-3200

THE COMMONWEALTH OF MASSACHUSETTS

FREE

(city or town)

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

Name and address of Nonprofit Organization:

[Redacted Name and Address]

Evidence of Qualification for Permit:

- (a) Veterans' organization chartered by the Congress of the United States or included in clause (12) of section five of chapter forty of the General Laws; or,
- (b) Church or religious organization; or,
- (c) Fraternal or 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 or members of organization responsible for operation of raffle or bazaar: (and dates of birth)

DOB	Name	Residence Address
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]

Uses to which net proceeds will be applied:

[Redacted Uses]

(signature of authorized officer or member of organization)

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

City/Town Clerk

PERMIT (ISSUED) (DENIED)

(date)

City/Town Clerk

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

Chief of Police

~~EXAMPLE PACKET~~

Please fill in all shaded areas on your applications

OVER

**NOTICE OF ISSUANCE OF:
RAFFLE AND/OR BAZAAR LICENSE**

CITY OR TOWN [] [] [] [] [] []

FOR MASSACHUSETTS STATE LOTTERY COMMISSION USE ONLY

IDENTIFICATION NUMBER: [] [] [] [] [] [] [] [] [] [] [] []

DATE RECEIVED _____

Name of Authorized Organization _____

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

FOR CITY/TOWN USE ONLY

Date of Issue: _____

City/Town Official _____

Title _____

OFFICIAL SEAL:

FORM IS TO BE RETURNED TO:
BEANO DEPARTMENT
Massachusetts State Lottery
P.O. Box 800
BRAintree, MA. 02184

RBL 25M-7-83 PRINT IN INK, OR TYPEWRITE

COMPLETE AND SIGN THE REVERSE SIDE

- BACK -

CHOOSE ONE:

Date Organized _____ Corporation *OR* Unincorporated Association

Religious Organization Veterans Organization (non-profit) Educational Organization Civic Organization

Charitable Organization Volunteer Fire Company Fraternal Organization Other

FOR M.S.L.C. USE ONLY

TAX FORM SENT

BY: _____

DATE: _____

INV. ASSIGNED: _____

Assigned By _____ Date _____

AUTHORIZED OFFICER OF ORGANIZATION SIGN BELOW

Signature of Officer _____ Date _____

Title _____

TELEPHONE NUMBERS

AREA		HOME PHONE			
[]	[]	[]	[]	[]	[]
AREA		BUSINESS TEL NO			
[]	[]	[]	[]	[]	[]

DATE OF OCCASION _____

NUMBER OF OCCASIONS NEXT TWELVE (12) MONTHS _____

The Commonwealth of Massachusetts

(city or town)

ANNUAL REPORT - RAFFLES & BAZAARS
(C. 810, Acts of 1969)

(date)

Name and address of Nonprofit Organization:

Expiration Date of Permit:

Number of Raffles and Bazaars Held:

Amount of Money Received:

\$

Expenses Connected with Raffles Conducted:

\$

Net Proceeds:

\$

For What Purposes Were The Proceeds Used?

Names & Addresses of Winners of \$25.00 or More:

} attach sheet listing winners if more than 3.

(Attach Additional Pages as Necessary)

We, the undersigned, do hereby certify that this report is true and complete.

(Accountant)

1. _____
2. _____
3. _____

Report Certified to be
in Conformity With
C. 810, Acts of 1969:

Signature of Authorized Officer
or Member of Organization

City/Town Clerk

RENEWAL PERMIT WILL NOT BE ISSUED TO LICENSEE UNTIL THIS REPORT
HAS BEEN COMPLETED AND FILED WITH THE COMMISSIONER OF PUBLIC SAFETY.
(Permit Holders also holding Beano Licenses, must submit a Copy of this Report to the Massachusetts State Lottery Commission.)

OVER