Commonwealth of Massachusetts
TOWN OF KINGSTON

APPLICATION FOR PERMIT TO CONDUCT RAFFLES AND BAZAARS **FEE: $25.00**
(c. 810, acts of 1969)

Name and Address of Non-Profit Organization:

_____

_____

Evidence of Qualification of Permit: *circle one*

(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 insures 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 by KINGSTON TOWN CLERK

The Applicant ☐ is OR ☐ 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 _____

https://www.mass.gov/guides/guidance-on-raffles

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____

_____

Notary Public

Notary Seal:

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

FORM IS TO BE RETURNED TO:

CHARITABLE GAMING DEPARTMENT
Massachusetts State Lottery
P.O. Box 859012
BRAINTREE, MA 02185-9012

OFFICIAL SEAL:

RBL
25M-7-83

PRINT IN INK, OR TYPEWRITE

COMPLETE AND SIGN THE REVERSE SIDE

Applicant to fill in Highlighted sections only.

Date Organized ☐ Corporation ☐ 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

DATE OF OCCASION .....

AREA BUSINESS TEL NO

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

Commonwealth of Massachusetts
TOWN OF KINGSTON

ANNUAL REPORT - RAFFLES & 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.