Nancy Danello Town Clerk 355 East Central Street Franklin, MA 02038 Questions: 508-520-4900

Email: ndanello@franklinma.gov

Fee: \$10.00

## RAFFLE AND BAZAAR PERMITS INFORMATION SHEET

A **Raffle** is defined in MGL 271:7A as an arrangement for raising money by the sale of tickets, certain among which, as determined by chance after the sale, entitle the holder to prizes.

A Bazaar is defined in MGL 271:7a as a place maintained by the sponsoring organization for disposal by means of chance one or both of the following types of prizes (1) merchandise of any value; (2) cash awards, not to exceed \$250.00 each.

The Attorney General has promulgated regulations, 940CMR12.00 and 13.00 regarding the conduct of raffles and bazaars.

## **Qualifications of Organizations**

- I. Type of Organization
  - a. Veterans' organization
  - b. Church or religious organization
  - c. Fraternal organization
  - d. Educational or charitable organization (including Public School Departments, parent teacher organizations)
  - e. Civic or service organizations
  - f. Clubs organized and operated exclusively for pleasure, recreation, or other purposes
- II. Actively functioning as NONPROFIT organization in the Commonwealth
- III. Two years or more in existence

## **Purpose of Proceeds**

Must be used exclusively for the purposes stated in the application and are limited to the following educational, charitable, religious, fraternal, civic, or veterans' benefits.

## Operation of the Raffle or Bazaar

Promotion of the raffle or bazaar must be confined to the members of the sponsoring organization. No member shall be compensated for the time or effort devoted to the promotion of the event.

## **Applications**

Applications shall be made to the Town Clerk of the Town in which the raffle will be drawn. Tickets may be sold in several towns.

## **Procedures**

- I. New organizations must complete, in full, the "First Time Applicant Form" and return it to the Town Clerk then,
- II. Obtain "Application for Permit to Conduct Raffles and Bazaars" from Town Clerk
  - a. Applicant completes form
  - b. Applicant obtains Franklin's Chief of Police's signature
- III. Applicant returns completed and signed "Application for Permit to Conduct Raffles and Bazaars" to the Town Clerk and pays \$10.00 fee.
- IV. If all is in order, permit is issued.
- V. Complete Notice of Issuance of Raffle License for Massachusetts State Lottery. Notice is sent to MA State Lottery.
- VI. State Lottery Commission will issue appropriate tax forms (5% commission on gross proceeds payable within 10 days of each event).
  - Permit must be issued or denied within 30 days of application.
  - Permits are valid for one year. Organizations my conduct multiple raffles, or 2 bazaars.
  - Permits may be revoked if:
    - I. nonmembers promote the raffle
    - II. uses of proceeds are not as stated in the application
    - III. payments are made for promotion of raffle
    - V. facts on the application have changed without notice to the Clerk
  - Organization must file annual report within 30 days of expiration of permit detailing number of events, amount raised, expenses, names
    of winners of prizes valued at more than \$250.00, uses of the net proceeds; signed by the people on the application and an accountant.
  - Renewal of permit is conditional upon timely receipt of annual report.
  - Organization must keep records sufficient to substantiate information required by annual report.

## FIRST TIME APPLICANT FORM

| Organization Name: |  |
|--------------------|--|
| Tax ID #           |  |

## AFFIDAVITS AND STATEMENTS RELEVANT TO APPLICATIONS FOR PERMIT TO CONDUCT RAFFLE:

| 1.      |                                      |            |                                            | oning for Two Years in the Commonweal                |                             |
|---------|--------------------------------------|------------|--------------------------------------------|------------------------------------------------------|-----------------------------|
|         | by certify that the sorganization ha |            | ncluding meeting m<br>organized and active | ninutes ofely functioning in the Commonwealth of Mas | sachusetts since            |
|         | d under the pains                    |            | alties of perjury.                         |                                                      |                             |
|         |                                      |            |                                            | Secretary                                            |                             |
| 2.      | Certificate of I                     | Election   | of Officers                                |                                                      |                             |
| l herek | by certify that the                  | records    | of                                         | show                                                 | that                        |
|         |                                      |            |                                            | is the duly elected president,                       |                             |
|         |                                      |            |                                            | is the duly elected Vice President,                  |                             |
|         |                                      |            |                                            | is the duly elected Treasurer of                     |                             |
| the ab  | ove named orga                       | nization b | y vote of the organ                        | ization on                                           | ·                           |
| Signe   | d under the pains                    | s and pen  | alties of perjury.                         |                                                      |                             |
| Ū       |                                      |            |                                            | Secretary                                            |                             |
| •       | Otatamant of                         | Officers   | as to Individual's l                       | Mamharshin                                           |                             |
| 3.      |                                      |            |                                            |                                                      | certify that                |
| vve th  | e undersigned be                     | eing the a | uly elected officers                       | ofare r                                              | members in good standing    |
| of the  | above named or                       | ganizatio  | n, and are authorize                       | ed to conduct a raffle in its name.                  | Hembers in good standing    |
|         |                                      |            |                                            |                                                      | President                   |
| Oigiio  | a arraor are paire                   |            |                                            |                                                      | 1.0 December 1              |
|         |                                      |            | <del>-</del>                               |                                                      |                             |
|         |                                      |            | _                                          |                                                      |                             |
|         |                                      |            |                                            |                                                      |                             |
| 4.      | Statement as                         | to Prom    | otion by Members                           | and Uses of Funds                                    | earlify that the promotion  |
| We th   | e undersigned, b                     | eing the   | officers of<br>lucted under a pern         | nit issued as a result of the attached applica       | tion will be conducted only |
| by au   | alified members :                    | of the abo | ove named organiza                         | ation, that no part of the net earnings will inc     | ile to the perion of any    |
|         |                                      |            |                                            | lely for the purposes named in the applicatio        |                             |
| Signe   | d under the pain                     | s and per  | nalties of perjury.                        |                                                      |                             |
|         |                                      |            | -                                          |                                                      | Vice President              |
|         |                                      |            | -                                          |                                                      | Treasurer                   |
| Appro   | oved as written:                     | Yes        | No                                         |                                                      |                             |

Nancy Danello, Town Clerk

## THE COMMONWEALTH OF MASSACHUSETTS

## **Town of Franklin**

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

| len            | ce of Qualification for Permit:                                                                                                                                                                                                         |                                                                                                                                                                 |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| b)<br>c)<br>d) | of section five of chapter forty of the General La<br>Church or religious organization; or,<br>Fraternal or fraternal benefit society; or,<br>Educational or charitable organization; or,<br>Civic or service club or organization; or, |                                                                                                                                                                 |
| cer            | s or members of organization responsible for op-                                                                                                                                                                                        | eration of raffle or bazaar:                                                                                                                                    |
|                | Name                                                                                                                                                                                                                                    | Residence Address                                                                                                                                               |
| 1.             |                                                                                                                                                                                                                                         |                                                                                                                                                                 |
|                |                                                                                                                                                                                                                                         |                                                                                                                                                                 |
| 2.             |                                                                                                                                                                                                                                         |                                                                                                                                                                 |
|                |                                                                                                                                                                                                                                         |                                                                                                                                                                 |
| 3.             |                                                                                                                                                                                                                                         |                                                                                                                                                                 |
|                | ses to which net proceeds will be applied:<br>Signature                                                                                                                                                                                 |                                                                                                                                                                 |
|                | ses to which net proceeds will be applied:                                                                                                                                                                                              |                                                                                                                                                                 |
|                | ses to which net proceeds will be applied:                                                                                                                                                                                              | of Authorized Officer or Member of Organization                                                                                                                 |
|                | ses to which net proceeds will be applied:                                                                                                                                                                                              | of Authorized Officer or Member of Organization  The Applicant (is) (is not) qualified to open                                                                  |
|                | Ses to which net proceeds will be applied:  Signature  Application certified to be in Conformity with C.810, Acts of 1969  Town Clerk  PERMIT: (ISSUED) (DENIED)                                                                        | of Authorized Officer or Member of Organization  The Applicant (is) (is not) qualified to open Raffles and bazaars under the provisions                         |
|                | Ses to which net proceeds will be applied:  Signature  Application certified to be in Conformity with C.810, Acts of 1969  Town Clerk                                                                                                   | of Authorized Officer or Member of Organization  The Applicant (is) (is not) qualified to oper Raffles and bazaars under the provisions of C.810, Acts of 1969: |
|                | Ses to which net proceeds will be applied:  Signature  Application certified to be in Conformity with C.810, Acts of 1969  Town Clerk  PERMIT: (ISSUED) (DENIED)                                                                        | of Authorized Officer or Member of Organization  The Applicant (is) (is not) qualified to oper Raffles and bazaars under the provisions of C.810, Acts of 1969: |



# The Commonwealth of Massachusetts

## Town of Franklin, MA

## ANNUAL REPORT – RAFFLES & BAZAARS (c. 810, Acts of 1969)

| Carlotte Committee Committ |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Name of Organization:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Tax ID #                                              |
| .ddress:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Number of Raffles and Bazaars Held:                   |
| Amount of Money Receive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ed: \$                                                |
| Expenses Connected with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                       |
| Net Proceeds:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$                                                    |
| or What Purpose(s) Were The Proceeds                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Used?                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |
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| ames and Addresses of Winners of \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 25.00 or More: (attach additional pages if necessary) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |
| 8 19 1 A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |
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| /e, the undersigned, do hereby certify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | that this report is true and complete.                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                                     |
| Accountant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                       |
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| Signature of Authorized Officer or<br>Member of Organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                       |
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| eport Certified to be in Conformity with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |
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RENEWAL PERMIT WILL NOT BE ISSUED TO LICENSEE UNTIL THIS REPORT HAS BEEN COMPLETED AND FILED WITH THE COMMISSSIONER OF PUBLIC SAFETY.