STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
Charitable Games Accounting
165 Capitol Avenue
Hartford, CT 06106
Email: dcp.gamingcharitable@ct.gov
Web site: www.ct.gov/dcp

VERIFIED RAFFLE STATEMENT

CGF-7 Rev. 3/12

INSTRUCTIONS:
1. The three designated active members of the sponsoring organization must complete this form in duplicate.
2. Submit both copies of this form to the Chief of Police or First Selectman of the municipality which issued such permit during the next succeeding month.
3. The Chief of Police or First Selectman, shall forward the **original** copy to the Department of Consumer Protection, **Charitable Games Accounting, 165 Capitol Ave., Hartford, CT 06106** within five (5) business days.

NAME OF ORGANIZATION	PERMIT NUMBER

ADDRESS (No. and Street)	(City or Town)	(State)	(Zip Code)

CLASS OF RAFFLE HELD	RAFFLE DATES COMMENCING: TERMINATING:
WAS THIS A SPECIAL TUITION RAFFLE? ☐ YES ☐ NO	PLACE AND TOWN WHERE RAFFLE WAS HELD

AMOUNT OF GROSS RECEIPTS	TOTAL EXPENSES	NET PROFIT
$	$	$

GIVE THE NUMBER OF TICKETS SOLD AND THE PRICE PER TICKET	GIVE THE NUMBER OF UNSOLD TICKETS (THESE TICKETS MUST BE KEPT WITH ALL OTHER RECORDS FOR ONE (1) YEAR.)
# @ $	

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.		$
7.		$
8.		$
9.		$
10.		$
11.		$
TOTAL EXPENSES (ADD ITEMS 1 THROUGH 11)		$

LIST THE USES TO WHICH THE NET PROFIT HAS BEEN OR IS TO BE APPLIED:

PRIZES

LIST EACH PRIZE OFFERED, THE RETAIL VALUE, THE NAME AND ADDRESS OF THE PERSON WHO WAS AWARDED SUCH PRIZE, AND THE WINNING TICKET NUMBER.

PRIZE OFFERED/AWARDED	RETAIL VALUE	NAME AND ADDRESS OF PRIZE RECIPIENT	WINNING TICKET #
1.	$		
2.	$		
3.	$		
4.	$		
5.	$		
6.	$		

STATEMENT OF PRINTER OF TICKETS

NAME OF BUSINESS			TELEPHONE NO.
BUSINESS ADDRESS (No. and Street)	(City or Town)	(State)	(Zip Code)

THE TOTAL NUMBER OF TICKETS WAS:	THE FIRST NUMBERED TICKET WAS:	THE LAST NUMBERED TICKET WAS:

I, THE PRINTER OF TICKETS USED IN SAID RAFFLE, DO HEREBY STATE, UNDER PENALTY OF FALSE STATEMENT, THAT THE TICKETS WERE NUMBERED CONSECUTIVELY AND THERE WERE NO DUPLICATIONS.

PRINT NAME	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 NO.	DATE
1.			/ /
2.			/ /
3.			/ /

PRINT NAME OF RANKING OFFICER	SIGNATURE	TELEPHONE	DATE
			/ /

CONCLUSION OF POLICE CHIEF/FIRST SELECTMAN

I HAVE EXAMINED THE FOREGOING REPORT AND COMPARED IT WITH THE ORIGINAL APPLICATION.

☐ I HAVE FOUND NO DISCREPANCIES ☐ I HAVE FOUND THE FOLLOWING DISCREPANCIES*

*

SIGNATURE OF POLICE CHIEF/FIRST SELECTMAN	TOWN	DATE
		/ /