



TOWN OF ACTON

Town Clerk
472 Main Street
Acton, MA 01720
Telephone: 978-929-6620
Fax: 978-929-6340

Raffle and Bazaar Permit Instructions

Attached please find the forms necessary to apply for a Permit to Conduct Raffles and or Bazaars in the Town of Acton.

Once your paperwork has been submitted, it will take approximately 1 to 2 weeks to process. Please plan accordingly.

Once issued, your permit will be good for one year from the date of issue.

Step 1: Before completing your application for a permit to hold a raffle or bazaar, please take a few minutes to read the "Massachusetts Attorney General's Advisory on Raffle/Bazaar/Poker Tournament Rules and Regulations" at:

<http://www.gambling-law-us.com/Charitable-Gaming/Massachusetts/>

You may wish to print a copy to retain these for your records.

Step 2: Complete one (1) copy of the *Application for Permit to Conduct Raffles and Bazaars*, please be sure to have original signatures on copy.

Step 3*: Contact the Town Clerk's Office to obtain the State's green slip entitled Notice of Issuance of Raffle and/or Bazaar License City or Town (**This form is not available on line**). Complete the appropriate sections of the green slip and sign the back.

Step 4: Send or deliver the copies of the application, the green slip, proof of your organization's non-profit status, and a check made out to the Town of Acton for \$10.00 to the Town Clerk's Office at the address below:

Town Clerk
472 Main Street
Acton, MA 01720

Before your permit expires: Please complete the attached Annual Report and submit two (2) copies to the Town Clerk's Office within thirty (30) days of the expiration of your permit. Failure to submit this report is sufficient grounds to deny future permits.

If you have any questions, please feel free to call me at the number listed above.

Thank you,



TOWN OF ACTON

472 Main Street
Acton, MA 01720

FEE \$10.00

Date of Application: _____

Date of Event: _____

APPLICATION FOR PERMIT TO CONDUCT RAFFLES AND BAZAARS

(C. 810, ACTS OF 1969)

Name and Address of Non-Profit Organization:

Location Where Event is to be Held (be specific):

Evidence of Qualification for Permit: (check ALL that apply)

- ☐ (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 charitable organization; 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.

Number of Games and Their Description:

Officers or Members of Organization Responsible for Operation of Raffle or Bazaar:

NAME	RESIDENCE ADDRESS	PHONE NUMBER
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

Uses to which net proceeds will be applied:

Signature of authorized officer or member of organization

(FOR OFFICE USE ONLY)

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

The applicant (IS) (IS NOT) qualified to operate raffles
and bazaars under the provision of C.810. Acts of
1969.

Town Clerk

PERMIT (ISSUED) (DENIED)

Town Clerk

Chief of Police

Date

☐ **Police Detail Required**

*The Commonwealth of Massachusetts***TOWN OF ACTON**

DATE ____/____/____

Name and Address of Non-profit 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? _____

Name and Addresses of Winners of \$25.00 or more

NAME

RESIDENCE ADDRESS

(Attach additional pages as necessary)

We, the undersigned, do hereby certify that this report is true and complete. (To be signed by your organization's accountant and three officers or members listed in your permit application.)

Accountant: _____ 1. _____

2. _____ 3. _____

(Signature of authorized officer or member of organization)

(FOR OFFICE USE ONLY)

Report certified to be in conformity with C. 810 Acts of 1969

*Town Clerk***Renewal Permit will not be issued to Licensee Until this report has been completed and filed with the Chief of Police and the Town Clerk**

(Permit holders also holding Beano Licenses must submit a copy of this report to the Massachusetts State Lottery Commission.)