



TOWN OF DOVER
5 Springdale Avenue
P.O. Box 250
Dover, MA 02030-0250

Felicia S. Hoffman
Town Clerk

Tel: (508) 785-0032 x 226
Fax: (508) 785-2341
email: townclerk@doverma.org

RAFFLE AND BAZAAR PERMIT INFORMATION SHEET

Qualifications of Organization

- I. Type of Organization
 1. Veteran's organization
 2. Church or religious organization
 3. Fraternal organization
 4. Education or charitable organization (including Public School Departments, parent/teacher organizations)
 5. Civic or service organizations
 6. Clubs organized and operated exclusively for pleasure, recreation, or other purposes.
- II. Actively functioning as NONPROFIT organization.

Purposes 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 veteran's benefits.

Procedure for obtaining permit:

Obtain application from Town Clerk or download from town website.

Submit application and fee to Town Clerk

Complete Notice of Issuance of Raffle License for Mass State Lottery and return to Town Clerk. State Lottery Commission will issue appropriate tax forms (5% commission on gross proceeds payable within 10 days of each event).

Application is then presented to Chief of Police either by applicant or Town Clerk for approval/signature. If presented by applicant, procedure is usually faster.

Application is returned to Town Clerk for issuance of the license.

Permit must be issued or denied within 30 days of application.

Permit is valid for one year (organization may conduct multiple raffles, or 2 bazaars).

Permits may be revoked if non-members promote the raffle, uses of proceeds are not as stated in the application, payments are made for promotion of raffle, or facts on the application have changed without notice to the Clerk.

Renewal of permit is conditional upon timely receipt of copy of tax form filed with the state.

THE COMMONWEALTH OF MASSACHUSETTS

DOVER MA 02030-0250

FEE \$10.00

(city or town)

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

Name and address of Nonprofit Organization:

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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:

Name

Residence Address

- (1)
(2)
(3)

Uses to which net proceeds will be applied :

(signature of authorized officer or member of organization)

Application certified to be in conformity with C. 810, Acts of 196D:

City/Town Clerk

PERMIT (ISSUED) (DENIED)

(date)

City/Town Clerk

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

Chief of Police

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

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FOR MASSACHUSETTS STATE LOTTERY COMMISSION USE ONLY									
IDENTIFICATION NUMBER	DATE RECEIVED								
<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>									

Name of Authorized Organization _____

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

FORM IS TO BE RETURNED TO:
CHARITABLE GAMING DEPARTMENT
 Massachusetts State Lottery
 P.O. Box 859012
 BRAINTREE, MA 02185-9012

FOR CITY / TOWN USE ONLY

Date of Issue: _____

City / Town Official _____

Title _____

OFFICIAL SEAL:

RBL
25M-7-83

PRINT IN INK, OR TYPEWRITE

COMPLETE AND SIGN THE REVERSE SIDE

Date Organized _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Unincorporated Association
<input type="checkbox"/> Religious Organization	<input type="checkbox"/> Veterans Organization (non-profit)	<input type="checkbox"/> Educational Organization
<input type="checkbox"/> Charitable Organization	<input type="checkbox"/> Volunteer Fire Company	<input type="checkbox"/> Civic Organization
	<input type="checkbox"/> Fraternal Organization	<input type="checkbox"/> Other

FOR M.S.L.C. USE ONLY		AUTHORIZED OFFICER OF ORGANIZATION SIGN BELOW					
<input type="checkbox"/> TAX FORM SENT	Signature of Officer _____	Date _____					
BY: _____	Title _____						
DATE: _____	DATE OF OCCASION _____	TELEPHONE NUMBERS	<table border="1"> <tr> <th>AREA</th> <th>HOME PHONE</th> </tr> <tr> <td> </td><td> </td> </tr> </table>	AREA	HOME PHONE		
AREA	HOME PHONE						
INV. ASSIGNED: _____	NUMBER OF OCCASIONS NEXT TWELVE (12) MONTHS _____	<table border="1"> <tr> <th>AREA</th> <th>BUSINESS TEL NO</th> </tr> <tr> <td> </td><td> </td> </tr> </table>	AREA	BUSINESS TEL NO			
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Assigned By _____	Date _____						