



TOWN OF DOVER

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

Barrie H. Clough
Town Clerk

Tel: (508) 785-0032 x226
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 a permit:

Obtain application and notice of issuance form from the Town Clerk's office, or download here.

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

Application is returned to the Town Clerk for the issuance of the permit. Permits must be issued or denied within 30 days of application. The permit is valid for one year (an organization may conduct multiple raffles, or 2 bazaars).

Permits may be revoked if non-members promote the raffle, use 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 the tax form filed with the state.

THE COMMONWEALTH OF MASSACHUSETTS

DOVER MA 02030-0250

(city or town)

**FEE
\$10.00**

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

Name and address of Nonprofit Organization:

.....
.....

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 1969:

.....
City/Town Clerk

PERMIT (ISSUED) (DENIED)

.....
(date)

.....
City/Town Clerk

The applicant (is) (is not) qualified to operate raffles 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**

--	--	--

FOR MASSACHUSETTS STATE LOTTERY COMMISSION USE ONLY

IDENTIFICATION NUMBER	DATE RECEIVED

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 PRINT IN INK, OR TYPEWRITE
25M-7-83

COMPLETE AND SIGN THE REVERSE SIDE

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	HOME PHONE

NUMBER OF OCCASIONS NEXT TWELVE (12) MONTHS _____