

Commonwealth of Massachusetts

ANNUAL REPORT FOR RAFFLES AND BAZAARS

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? _____

Names 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 the 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

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

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