



TOWN OF BEACON FALLS
C/O First Selectman's Office Town Hall
10 Maple Avenue
Beacon Falls, CT 06403
203-729-4340 www.beaconfalls-ct.org

Verified Bazaar Statement

Instructions:

1. The three designated active members of the Sponsoring Organization must complete this form.
2. If additional space is required, attach additional sheets.
3. Submit this form to: Beacon Falls First Selectman's Office, Town Hall, 10 Maple Ave. Beacon Falls, CT 06403 by the end of the following month.

| | | | |
|--|------|---|----------|
| Name of Sponsoring Organization | | Permit Number | |
| Street Address | City | State | Zip Code |
| Town Where Bazaar Was Held Beacon Falls | | Date(s) Bazaar Was Held Starting: _____ Terminating: _____ | |
| Registered Equipment Dealer Name (if applicable) | | Dealer Registration Number (if applicable) | |

List all receipts from each type of game of chance operated:

| Description of Game | Amount | Description of Game | Amount |
|--|--------|---------------------|-----------|
| 1. | \$ | 4. | \$ |
| 2. | \$ | 5. | \$ |
| 3. | \$ | 6. | \$ |
| Total Receipts From Games of Chance Operated: | | | \$ |

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. | | \$ |
| Total Expenses: | | \$ |

| | | |
|--|-----------------------|--|
| Total Receipts from Games of Chance: \$ | Total Expenses: \$ | Net Profit (Total Receipts minus Total Expenses): \$ |
|--|-----------------------|--|

List the uses to which the entire net profit of the bazaar has been or is to be applied:

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List the prizes with a retail value of fifty dollars (\$50.00) or more, the amount paid for each prize purchased or the retail value of each prize donated, and the names and addresses of the persons to whom such prizes were awarded:

| Prize | Purchase Price/Retail Value | Name and Address of Prize Recipient |
|-------|-----------------------------|-------------------------------------|
| 1. | \$ | |
| 2. | \$ | |
| 3. | \$ | |
| 4. | \$ | |
| 5. | \$ | |
| 6. | \$ | |
| 7. | \$ | |
| 8. | \$ | |
| 9. | \$ | |
| 10. | \$ | |

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 bazaar described herein.

| Print Name of Designated Active Member | Signature | Telephone | Date |
|--|-----------|-----------|------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

| Print Name of Ranking Officer | Signature | Telephone | Date |
|-------------------------------|-----------|-----------|------|
| | | | |