Town of Ellington, CT

Town Clerk's Office 55 Main Street, P.O. Box 187

Ellington, CT 06029

Email: townclerk@ellington-ct.gov

Web site: Ellington-ct.gov Phone: 860-870-3105

For Official Use Only			

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 the Ellington Police Department by the end of the following month.

N CC : O : C			1	
Name of Sponsoring Organization			Permit Number	
	1			1
Street Address	City		State	Zip Code
	,			1
Town Where Bazaar Was Held	Date(s)	Bazaar Was Held		
	C1 1:	T		
	Starting	g: Terr	ninating:	
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: \$

Prize	Purchase Price/Retail Value	Poersons to whom such prizes were awarded: Name and Address of Prize Recipient
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
0.	\$	

Signature

Signature

Total Expenses:

Total Receipts from Games of Chance:

Print Name of Designated Active Member

Print Name of Ranking Officer

1.

2.

3.

Net Profit (Total Receipts minus Total Expenses):

Telephone

Telephone

Date

Date