

**SUFFIELD POLICE DEPARTEMNT**  
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 Suffield, CT 06078  
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 Phone: 860-668-3381



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 Suffield Police Department by the end of the following month.

<b>Name of Sponsoring Organization</b>		Permit Number	
Street Address	City	State	Zip Code
Town Where Bazaar Was Held	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.	\$
<b>Total Receipts From Games of Chance Operated:</b>			<b>\$</b>

**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.		\$
<b>Total Expenses:</b>		<b>\$</b>

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