



## Raffle and Bazaar Permit Instructions

Please use the attached forms to apply for a Permit to Conduct Raffles and or Bazaars in the Town of Chelmsford. Once your application has been submitted, it will take approximately one (1) to two (2) weeks to process. Please plan accordingly.

A permit is valid for one (1) year from the date of issue.

**Step 1:** Before completing your application for a permit to hold a raffle or bazaar, please take a few minutes to read the “Massachusetts Attorney General’s Advisory on Raffle/Bazaar/Poker Tournament Rules and Regulations” at:

<http://www.gambling-law-us.com/Charitable-Gaming/Massachusetts/>

You may wish to print a copy to retain these for your records.

**Step 2:** Complete one (1) copy of the *Application for Permit to Conduct Raffles and Bazaars*; please be sure to have original signatures on copy.

**Step 3:** *Notice of Issuance of Raffle and/or Bazaar License City or Town:* Complete the appropriate sections of the green slip and sign the back.

**Step 4:** Bring the completed application to the Chelmsford Police Department for their approval and signature:

2 Olde North Road  
Chelmsford, MA 01824

**Step 5:** Send or deliver the copies of the signed application, the green slip, proof of your organization’s non-profit status, and payment in cash or check made payable to the Town of Chelmsford for **\$25.00** to the Town Clerk’s Office at:

50 Billerica Road  
Chelmsford, MA 01824

**Before your permit expires:** Please complete the attached Annual Report and submit two (2) copies to the Town Clerk’s Office thirty (30) days prior to the expiration of you permit. Failure to submit this report is sufficient grounds to deny future permits.

If you have any questions, please feel free to contact the Town Clerk’s Office.

50 Billerica Road  
Chelmsford, MA 01824  
978-250-5205  
[www.townofchelmsford.us](http://www.townofchelmsford.us)





*The Commonwealth of Massachusetts*

**TOWN OF CHELMSFORD**

**Annual Report – Raffles & Bazaars**

(C. 810, Acts of 1969)

Date: \_\_\_\_\_

Name of Nonprofit Organization: \_\_\_\_\_

Address: \_\_\_\_\_

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 & addresses of winners of \$250.00 or more:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach additional pages as necessary)

We, the undersigned, do hereby certify that this report is true and complete.

1: \_\_\_\_\_

2: \_\_\_\_\_

\_\_\_\_\_  
*Accountant/Treasurer of Organization*

3: \_\_\_\_\_

*Authorized Officers or Members of Organization*

Report Certified to be in Conformity with C. 810, Acts of 1969.

\_\_\_\_\_  
*Town Clerk*

**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)

**NOTICE OF ISSUANCE OF:  
RAFFLE AND / OR BAZAAR LICENSE  
CITY OR TOWN .....**

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FOR MASSACHUSETTS STATE LOTTERY COMMISSION USE ONLY									
<b>IDENTIFICATION NUMBER</b>	DATE RECEIVED								
<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									

Name of Authorized Organization		
.....		
Address (Street)	City/Town	ZIP CODE

FOR CITY / TOWN USE ONLY	
Date of Issue:	_____
City / Town Official	_____
Title	_____
OFFICIAL SEAL:	

FORM IS TO BE RETURNED TO:  
**CHARITABLE GAMING DEPARTMENT**  
Massachusetts State Lottery  
P.O. Box 859012  
BRAINTREE, MA 02185-9012

RBL  
25M-7-83

PRINT IN INK, OR TYPEWRITE

COMPLETE AND SIGN THE REVERSE SIDE

# FRONT

Date Organized _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Unincorporated Association	
<input type="checkbox"/> Religious Organization	<input type="checkbox"/> Veterans Organization (non-profit)	<input type="checkbox"/> Educational Organization	<input type="checkbox"/> Civic Organization
<input type="checkbox"/> Charitable Organization	<input type="checkbox"/> Volunteer Fire Company	<input type="checkbox"/> Fraternal Organization	<input type="checkbox"/> Other

FOR M.S.L.C. USE ONLY	
<input type="checkbox"/> TAX FORM SENT	
BY: _____	
DATE: _____	
INV. ASSIGNED: _____	
Assigned By _____	Date _____

AUTHORIZED OFFICER OF ORGANIZATION SIGN BELOW							
Signature of Officer..... Date.....							
Title.....							
DATE OF OCCASION.....	<table border="1" style="font-size: x-small; border-collapse: collapse;"> <tr> <th style="text-align: left;">TELEPHONE NUMBERS</th> <th style="text-align: center;">AREA</th> <th style="text-align: center;">HOME PHONE</th> </tr> <tr> <td></td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>	TELEPHONE NUMBERS	AREA	HOME PHONE			
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NUMBER OF OCCASIONS NEST TWELVE (12) MONTHS.....	<table border="1" style="font-size: x-small; border-collapse: collapse;"> <tr> <th style="text-align: left;">AREA</th> <th style="text-align: center;">HOME PHONE</th> </tr> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>	AREA	HOME PHONE				
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# BACK