Windsor Locks Police Department Permit Services \ Records Division 4 Volunteer Drive Windsor Locks, CT 06096



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 $\begin{tabular}{ll} Email-\underline{Records@windsorlockspolice.com}\\ \underline{www.windsorlockspolice.com}\\ \end{tabular}$ 

## 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 City/town Police Department by the end of the following month.

	1		θ		
Name of Sponsoring Organization				Permit Numb	er
Street Address		City		State	Zip Code
Town Where Bazaar Was Held		Date(s)	Bazaar Was Held		
		Starting	g: Tern	ninating:	
Registered Equipment Dealer Name (if applic	able)		Dealer Registration Number	(if applicable)	
List all receipts from each type of game of	chance o	perated:			
Description of Game	Amou	nt	Description of Gan	ne	Amount

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):
\$	\$	\$

retail value of each prize donated, and the Prize	Purchase Price/Retail Value	Name and Address of P	
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
0.	\$		
Statement of Desi		ement that the foregoing stat	
Print Name of Designated Active Member	Signature	Telephone	Date
Print Name of Ranking Officer	Signature	Telephone	Date

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