



CITY OF BOSTON

Office of the City Clerk

APPLICATION PROCESS FOR RAFFLES, BAZAARS, LAS VEGAS NIGHTS OR ANY TYPE OF POKER/TEXAS HOLD'EM EVENTS IN THE CITY OF BOSTON

1. The group sponsoring the event must be a **NON-PROFIT** organization registered with the Massachusetts Secretary of State's Office for the past two (2) years.
2. A current copy of the non-profit organization's **Articles of Organization**.
3. Please indicate if this is a "new" or "renewal" at the top of the application form and the CC# is issued internally by staff processing paperwork.
4. All applications must be submitted to the City Clerk's Office **NO LATER than 30 days prior to the event**.
5. A copy of the **Fire Assembly Permit** must be included with application. If a Las Vegas Night or Texas Hold'Em event, the contract agreement must also be part of your application. *(required for 25 or more individuals at event)*
6. All information requested on the application and the Notice of Issuance of Raffles and/or Bazaars must be **completed in full**.
7. A **\$30.00 filing fee** is required in the form of a check payable to the City of Boston or cash if paying in person in Room 601.
8. You must also submit a completed Report Form (attached to Raffle Application) within one (1) year of the date of your event. Raffle/Bazaar/Las Vegas Night permit renewals will not be granted until previous year's report is filed.

Please contact Kellie Donovan at 617-635-2691 if you have any questions regarding the application process. Thank you for your cooperation.

NOTE: *A paid police detail is required for all Las Vegas Nights, Bazaars, Poker/Texas Hold'Em events.*

NEW

RENEWAL

CC# _____

THE COMMONWEALTH OF MASSACHUSETTS

CITY OF BOSTON

APPLICATION OF NONPROFIT ORGANIZATION FOR PERMIT TO CONDUCT RAFFLES, BAZAARS AND LAS VEGAS NIGHTS (Must be in existence for at least two years)

NAME, ADDRESS AND TELEPHONE NUMBER OF APPLICANT

herein called the "Applicant," hereby applies to the City Clerk of the City of Boston under G.L., c. 271, s. 7A for a permit to conduct raffles , bazaars , Las Vegas Nights to be held at _____

during the period of one year from the date of the issuance of the permit hereby sought.

Please specify dates and times events will be held _____ a.m. p.m. _____ a.m. p.m.
_____ a.m. p.m. _____ a.m. p.m.

The Applicant hereby represents:

1. That the Applicant is a

- (a) Veterans' organization chartered by the Congress of the United States or included in G.L. c. 40, s. 5, d. (12).
- (b) Church or religious organization.
- (c) Fraternal or fraternal benefit society.
- (d) Educational or charitable organization.
- (e) Civic or service club or organization.
- (f) Club organization organized and operated exclusively for pleasure, recreation and other nonprofit purposes, no part of the net earnings of which inures to the benefit of any member or shareholder.

2. That the organization has been organized and actively functioning as a nonprofit organization in Massachusetts for more than _____ years. (A copy of the Articles of Organization must be submitted with this application.)

3. That the officers or members of the Applicant who shall be responsible for the operation of all raffles, bazaars or Las Vegas Nights to be held under the permit hereby sought are:

(1)	_____ MEMBER _____	_____ RESIDENCE _____	() _____ TELEPHONE
(2)	_____ MEMBER _____	_____ RESIDENCE _____	() _____ TELEPHONE
(3)	_____ MEMBER _____	_____ RESIDENCE _____	() _____ TELEPHONE

Please submit name and telephone number of contact person for additional Application information: if other than members listed above:

() _____

4. That the promotion and operation of all raffles, bazaars and Las Vegas Nights held under the permit hereby applied for shall be confined solely to the aforementioned officers and members of the Applicant and that no such officer or member shall receive remuneration in any form for time or effort devoted to such promotion or operation.

5. That the uses to which the net proceeds of all raffles, bazaars and Las Vegas Nights held under the permit hereby sought will be applied shall be as follows: _____

That within ten days after EACH raffle, bazaar or Las Vegas Night under the permit hereby sought is held, the Applicant shall file a return with the Beano Department, Massachusetts State Lottery, 15 Rockdale Street, Braintree, and pay the tax required by G.L. c. 271, s. 7A; and that within thirty days after the expiration of the permit hereby sought, the Applicant shall file with the City Clerk of the City of Boston three copies of the reports so required.

Date: _____

NAME OF APPLICANT _____



**BOSTON POLICE DEPARTMENT
PROCESSING REQUIREMENTS
RAFFLE-BAZARRS / LAS VEGAS APPLICATIONS**

Below is a list of necessary requirements for processing of Raffle-Bazaars / Las Vegas Applications from the Boston Police Department.

1. All applicants applying for Raffle-Bazaar/Las Vegas Permits are subject to criminal record checks. For this reason, all applicants must include name and date of birth.

(a) Member _____ DOB _____

(b) Member _____ DOB _____

(c) Member _____ DOB _____

2. Fire Assembly Permit Number _____

3. A signed copy of rental agreement between non-profit organization and Las Vegas Equipment Rental Company.

ALL OF THE ABOVE INFORMATION MUST BE SUBMITTED TO PROCESS APPLICATION

**For further information or questions,
contact the City of Boston Clerk's Office at 617-635-2691.**

Boston Police

DISTRICT A-1/A-15

40 New Sudbury Street, Boston, MA 02114 / 617-343-4240/617-343-4888

DISTRICT A-7

69 Paris Street, East Boston, MA 02128 / 617-343-4220

DISTRICT B-2

2400 Washington Street, Roxbury, MA 02119 / 617-343-4270

DISTRICT B-3

1165 Blue Hill Avenue, Mattapan, MA 02124 / 617-343-4700

DISTRICT C-6

101 West Broadway, South Boston, MA 02127 / 617-343-4730

DISTRICT C-11

40 Gibson Street, Dorchester, MA 02122 / 617-343-4330

DISTRICT D-4

650 Harrison Avenue, Boston, MA 02116 / 617-343-4250

DISTRICT D-14

301 Washington Street, Brighton, MA 02135 / 617-343-4260

DISTRICT E-5

1708 Centre Street, West Roxbury, MA 02132 / 617-343-4560

DISTRICT E-13

3347 Washington Street, Jamaica Plain, MA 02130 / 617-343-5630

DISTRICT E-18

1249 Hyde Park Avenue, Hyde Park, MA 02136 / 617-343-5600

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

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FOR MASSACHUSETTS STATE LOTTERY COMMISSION USE ONLY																	
<table border="1" style="margin: auto;"> <tr> <th colspan="8" style="text-align: left; font-size: x-small;">IDENTIFICATION NUMBER</th> </tr> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> </tr> </table>	IDENTIFICATION NUMBER																DATE RECEIVED _____
IDENTIFICATION NUMBER																	

Name of Authorized Organization _____		
Address (Street) _____	City/Town _____	ZIP CODE _____
FORM IS TO BE RETURNED TO: CHARITABLE GAMING DEPARTMENT Massachusetts State Lottery P.O. Box 859012 BRAINTREE, MA 02185-9012		

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

RBL
25M-7-83

PRINT IN INK, OR TYPEWRITE

COMPLETE AND SIGN THE REVERSE SIDE

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"/> Charitable Organization	<input type="checkbox"/> Volunteer Fire Company	<input type="checkbox"/> Civic Organization
	<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 _____									
NUMBER OF OCCASIONS NEST TWELVE (12) MONTHS _____									
<table border="1" style="font-size: x-small; width: 100%;"> <tr> <th style="width: 50%;">TELEPHONE NUMBERS</th> <th style="width: 25%;">AREA</th> <th style="width: 25%;">HOME PHONE</th> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>	TELEPHONE NUMBERS	AREA	HOME PHONE						
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(Renewal will not be issued until this report is filed with the City Clerk)

THE COMMONWEALTH OF MASSACHUSETTS
CITY OF BOSTON

Annual Report of Raffles and Bazaars
(General Laws c. 271, s. 7A)

Date: _____

Name and Address of Permittee:

Expiration Date of Permit: _____

Number of Raffles and Bazaars held under Permit: _____

Gross amount of money received: \$ _____

Expenses connected with Raffles and Bazaars held: \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Net Proceeds of Raffles & Bazaars: \$ _____

Uses to which Net Proceeds applied: \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Names and Address of Winners of Prizes exceeding \$25,00 in value:

We do hereby certify the foregoing report to be true and complete.

Accountant 1. _____

Received: _____ 2. _____

_____ 3. _____

City Clerk

THIS FORM APPROVED BY THE COMMISSIONER OF PUBLIC SAFETY
