



# Town of Portland, Connecticut

33 East Main Street ▪ P.O. Box 71 ▪ Portland, CT 06480-0071  
[www.portlandct.org](http://www.portlandct.org) ▪ Phone: (860) 342-6715 ▪ Fax: (860) 342-6714  
 Equal Opportunity Provider and Employer  
**Office of the First Selectman**

## Application for a Permit to Conduct a Class 3 Bazaar

TOP-1

### Instructions:

1. The completed form shall be submitted to the Portland First Selectman at least fifteen (15) days prior to the start of the bazaar.
2. Applying organization must be a qualified non-profit functioning for a minimum of six (6) months.
3. Application must be completed, signed, and accompanied by a check or money order made payable to "Town of Portland." Fee will be \$20.00 per day for up to ten (10) consecutive days.

<b>Name of Sponsoring Organization</b>			
If this organization previously held a bazaar permit, list permit number		FEIN	IRS Exempt Status Code
Street Address		City	State ZIP Code
Mailing Address (if different than above)		City	State ZIP Code
Telephone Number (with area code)		Email Address	
<b>Contact Person for this Application</b>	<b>Contact Telephone Number</b>	<b>Contact Email Address</b>	

<b>Organization Category</b> (check only one):	
<input type="checkbox"/> Educational or Charitable Organization	<input type="checkbox"/> An officially recognized organization or association of veterans of any war in which the U.S. was engaged
<input type="checkbox"/> Civic, service, or social club	<input type="checkbox"/> Officially recognized volunteer fire company
<input type="checkbox"/> Church or religious organization	

Provide the names of three (3) Designated Active Members of the sponsoring organization under whom the bazaar is to be conducted. These individuals will sign form TOP-1A. The three (3) Designated Active Members must be residents of the state of Connecticut.			
First Name	Last Name	Telephone # (with area code)	Date of Birth
First Name	Last Name	Telephone # (with area code)	Date of Birth
First Name	Last Name	Telephone # (with area code)	Date of Birth

Ranking Officer Name		Title	Date of Birth	
Residence Street Address		City	State	ZIP Code

**Bazaar Description:**

Provide the date(s) and time(s) for EACH day the bazaar will be conducted:

**Place Where Bazaar is to be Held**

Name of Place

Street Address

City

State

ZIP Code

**Types of Games and Total Number to be Operated**

Blower Ball/Cage Ball Total: \_\_\_\_\_ Teacup Raffle Total: \_\_\_\_\_

50/50 (up to 3 drawings per day) Total: \_\_\_\_\_ Other: \_\_\_\_\_ Total: \_\_\_\_\_

**If applicable, from whom are the games of chance equipment to be obtained:**

Registered Dealer Name

Dealer Registration Number

Equipment Rental Fee Paid

List the items of expense intended to be incurred or paid in connection with the holding, operating, and conducting of such bazaar and the names and addresses of the persons to whom, and the purpose for which, they are to be paid. \*Attach additional sheets as necessary.

Expense (\$)	Name	Street Address	City	State	Purpose

Separately list in detail all items offered as prizes in connection with such Bazaar, indicate whether or not the items were donated, list the price to be paid by the organization or the retail value of any prize donated, and the names and addresses of the persons from whom the items were purchased or by whom donated. \*Attach additional sheets as necessary.

Merchandise	Donated Yes / No	Retail Value	Amt. Paid by Org.	Name	Street Address	City and State

**State the specific purpose to which the entire net proceeds of such Bazaar are to be devoted:**

I certify, under penalty of law (Sec. 53a-157b, Class A Misdemeanor) that the information provided on this application is the truth to best of my knowledge.

Signature of Ranking Officer

Date