

DEVENS ENTERPRISE COMMISSION

33 Andrews Parkway, Devens, MA 01434
Phone: 978-772-8831 Fax: 978-772-1529

DEC NO. : _____

DATE: _____

FEE: **\$10.00**

RAFFLE & BAZAAR PERMIT APPLICATION

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Name of Non-Profit Organization _____

Street Address _____

City _____ State _____ Zip Code _____

Contact Person _____

Office Phone # _____ Mobile Phone # _____

Fax # _____ Email Address _____

Evidence of Qualification for Permit (circle one):

- a) Veterans' organization chartered by the Congress of the United States or included in clause (12) of section five of chapter forty of the General Laws; or,
- b) Church or religious organization; or,
- c) Fraternal or fraternal benefit society; or,
- d) Educational or charitable organization; or,
- e) Civic or service club or organization; or,
- f) Club or organization organized and operated exclusively for pleasure, recreation and other nonprofit purposes, no part of the net earnings will benefit any member or shareholder.

Officers or members of organization responsible for operation of raffle or bazaar:

Name	Address
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- 1) _____
- 2) _____
- 3) _____

Description of Raffle (including date of event/drawing, time, location, duration) _____

Uses to which proceeds will be applied: _____

Signature of authorized Officer or member of organization: _____

For Office Use Only

Application certified to be in conformity with Chapter 271 Section 7A:

Director/ Land Use Administrator

The Applicant (is) (is not) qualified to operate raffles and bazaars under the provision of Chapter 271, Section 7A

Permit (Issued) (Denied)

Devens State Police

Date

Date