



TOWN OF BELMONT
TOWN CLERK'S OFFICE
455 CONCORD AVENUE
BELMONT, MASSACHUSETTS 02478

ELLEN O'BRIEN CUSHMAN
TOWN CLERK

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Raffle & Bazaar Permit Questionnaire/ Information Sheet
Please use this questionnaire to help you complete
the application form

The ORGANIZATION

1. Name and Address of your Organization
2. Is or organization a nonprofit / charitable organization as defined in MGL Ch. 271, Sec. 7A and registered with the Attorney General's list of charities and non-profits (<http://www.charities.ago.state.ma.us/>) ?
Yes / No. Please refer to the list below:

- a. Veterans organization
- 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 or organization organized and operated exclusively for pleasure, recreation and other nonprofit purposes, no part of the net earnings inures to the benefit of any member or shareholder

A "public charity," must be in compliance with MGL Ch. 12 & 68.

*A "nonprofit" entity has a **charitable purpose** and benefits an **indefinite** number of people. Please see <http://www.charities.ago.state.ma.us/>*

3. You may be asked to provide **evidence** that your organization has been actively functioning as a nonprofit organization in the Commonwealth for a period of not less than two years. (ex., tax returns or bank records)
4. Has your organization been issued a raffle/bazaar permit from the Town of Belmont in the last 2 years? **Yes / No**
5. Has your organization filed two originals of an Annual Report with the Town of Belmont for the prior permits following its expiration (1 year after the issuance of the permit)? **Yes / No**

If you have not already done so, an Annual Report must be filed before the next permit may be issued, two copies are required – one will be filed with the Commissioner of Public Safety.

6. Has your organization had a raffle/bazaar permit revoked in the last 3 years? **Yes / No**
7. Has your organization held more than 3 bazaars in a calendar year? **Yes / No**

8. Do you have permission from the organization to seek a permit on their behalf? **Yes / No** (You may be asked to provide a letter of authorization from the organization showing your affiliation/representation.)

The APPLICATION

10. Have three officers of the organization signed the application? **Yes / No**
a. The same three people will need to sign the annual report following the expiration of the permit.
11. Have you indicated the use of the proceeds in detail? **Yes / No**

If permit application information changes after being submitted, you need to inform us so the application can be evaluated with the new information.

The EVENT

12. Is bingo/beano being held at the bazaar? **Yes / No**
13. Is your organization aware of the law that applies to raffles and bazaars? (MGL Ch. 271, Sec. 7A) **Yes / No**
14. Have you reviewed Questions and Answers on Nonprofit Gaming Events? **Yes / No**
15. Have you reviewed the regulations, 940 CMR 12.00 (large raffles: one in which the ticket price is more than \$10.00 or the prize is greater than \$10,000) and 940 CMR 13.00 (Bazaars), if they apply? **Yes / No**
If not, please let us know if you need a copy of the regulations.

The LOTTERY COMMISSION

16. Will send you information and forms about your tax requirements.
17. Within 10 days after holding the event, the organization must report to the Lottery Commission its gross proceeds, expenses and net proceeds and **pay a 5% TAX** on the gross proceeds.
- a. This is an excise tax on wagering and applies to all groups. Your non-profit status does not exempt you from this tax, your non-profit status allows you to qualify for the permit.
- b. Interest and penalties may be assessed on late tax returns.

ANNUAL REPORT

18. Within 30 days of the permit's expiration (1 year after the issuance), the organization must file 2 copies of an annual financial report with the Town Clerk certified by the 3 officers on the application and an accountant.

CONTACT INFORMATION FOR PERSON FILING THE APPLICATION:

19. Name: _____ Email: _____

Daytime Phone #: _____