



# CAMBRIDGE LICENSE COMMISSION

831 Massachusetts Avenue, Cambridge, MA 02139  
Tel: 617.349.6140 | Fax: 617.349.6148 | TTY/TTD: 617.349.6112  
[License@cambridgema.gov](mailto:License@cambridgema.gov)

**FEE: \$10.00 PER DAY /\$60.00 ANNUALLY**

## RAFFLE AND BAZAAR APPLICATION

Nonprofit Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Location of Drawing and/or Bazaar: \_\_\_\_\_  
Date/Time of Drawing and/or Bazaar: \_\_\_\_\_

### Evidence of Qualification for permit:

- 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,
- Church or religious organization; or,
- Fraternal or fraternal benefit society; or,
- Educational or charitable organization; or,
- Civic or service club or organization; or,
- Club or 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.

*Such organization shall have been organized and actively functioning as a nonprofit organization in the commonwealth for a period of not less than two years before it may apply for a permit.*

### Name and Address of Officers or members of organization responsible for operation of raffle/bazaar:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Uses to which net proceeds will be applied: \_\_\_\_\_  
\_\_\_\_\_

*The undersigned, being an officer of the organization, hereby certifies under the pains and penalties of perjury, that: the information above is accurate; and that the above-listed licensee is currently conducting the nonprofit in accordance with the laws of the Commonwealth of Massachusetts and the City of Cambridge. It is further attested that:*

1. none of the earnings will go to any member;
2. no member of said organization will be remunerated in any way for operating said raffle or bazaar;
3. the proceeds of said license or bazaar will be used exclusively for educational, charitable, religious, fraternal, civic, or veteran's purposes; and
4. this event will not be held as a Las Vegas Night, Monte Carlo or Casino Night.

Print Name of Officer: \_\_\_\_\_ Sign/Date: \_\_\_\_\_

### For Official Use Only

Police Signoff: \_\_\_\_\_ Date: \_\_\_\_\_

Application Approved: \_\_\_\_\_ Application Denied: \_\_\_\_\_

Conditions/Notes: \_\_\_\_\_

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

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FOR MASSACHUSETTS STATE LOTTERY COMMISSION USE ONLY									
<b>IDENTIFICATION NUMBER</b>	DATE RECEIVED								
<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>									

Name of Authorized Organization		
Address (Street)	City/Town	ZIP CODE

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

FORM IS TO BE RETURNED TO:  
**CHARITABLE GAMING DEPARTMENT**  
 Massachusetts State Lottery  
 P.O. Box 859012  
 BRAINTREE, MA 02185-9012

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 _____					
TELEPHONE NUMBERS	<table border="1"> <tr> <th>AREA</th> <th>HOME PHONE</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	AREA	HOME PHONE		
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