

City/Town Clerk

The Commonwealth of Massachusetts

(city or town)

	(date)
Name and address of Nonprofit Organization:	
Expiration Date of Permit:	
Number of Raffles and Bazaars Held:	
Amount of Money Received:	\$
Expenses Connected with Raffles Conducted:	\$
Net Proceeds:	\$
For What Purposes Were The Proceeds Used?	
Names & Addresses of Winners of \$25.00 or Mo	ore:
Names & Addresses of Winners of \$25.00 or Mo	ore:
(Attach Additional Pages as Necessa	ry)
(Attach Additional Pages as Necessa We, the undersigned, do hereby certify that this	ry) report is true and complete.
(Attach Additional Pages as Necessa We, the undersigned, do hereby certify that this	ry)
(Attach Additional Pages as Necessa We, the undersigned, do hereby certify that this 1 2(Accountant)	ry) report is true and complete.
(Attach Additional Pages as Necessa We, the undersigned, do hereby certify that this 1 2(Accountant)	ry) report is true and complete.

RENEWAL PERMIT WILL NOT BE ISSUED TO LICENSEE UNTIL THIS REPORT HAS BEEN COMPLETED AND FILED WITH THE COMMISSIONER OF PUBLIC SAFETY.

or Member of Organization