

# Commonwealth of Massachusetts

## TOWN OF OXFORD

### ANNUAL REPORT FOR RAFFLES AND BAZAARS

Date / /

Name and Address of Non-profit 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 and Addresses of Winners of \$250.00 or more:

NAME

RESIDENCE ADDRESS

(Attach additional pages as necessary)

**We, the undersigned, do hereby certify that this report is true and complete.** (To be signed by your organization's accountant and the three officers or members listed in your permit application.)

Accountant: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_  
(Signature of authorized officer or member of organization)

(FOR OFFICE USE ONLY)

Report certified to be in conformity with C. 810, Acts of 1969

**Renewal Permit will not be issued to Licensee Until this report has been completed and filed with the Town Clerk.**

(Permit holders also holding Beano Licenses must submit a copy of this report to the Massachusetts State Lottery Commission.)