

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.)