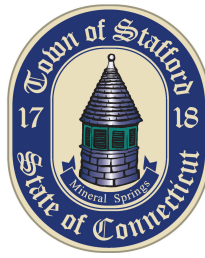


TOWN OF STAFFORD OFFICE OF FIRST
 SELECTMAN
 1 Main Street
 Stafford Springs, CT 06076
 Email: staffordtownhall@staffordct.org
 Web site: www.staffordct.org



**APPLICATION TO AMEND
 BAZAAR OR RAFFLE**

INSTRUCTIONS:

1. The Designated Active Members of the sponsoring organization must complete this form.
2. Attach all additional proofs, signatures and verifications required for this amendment, if any.
3. The completed form must be mailed to:
 Office of First Selectman 1 Main St. Stafford Springs, CT 06076

No permit issued under the provisions of the Bazaar and Raffle Act may be amended except upon application on this form to the Town of Stafford when the subject matter of the proposed amendment could lawfully and properly have been included in the original permit and upon payment of such additional fee, if any, as would have been payable if it had been so included.

TO: TOWN OF STAFFORD		Amendment to the Bazaar or Raffle Permit Application			
NAME OF SPONSORING ORGANIZATION			PERMIT NUMBER		
ADDRESS OF SPONSORING ORGANIZATION (No. and Street)		(City or Town)	(State)	(Zip Code)	TELEPHONE NUMBER

Please provide the details of the proposed amendment(s):

We the undersigned, whose signatures appear on the original application, do hereby EACH state under the penalties of perjury that all statements in this amended application are true.

PRINTED NAMES AND SIGNATURES OF DESIGNATED ACTIVE MEMBERS:

NAME (Please print)	NAME (Please print)	NAME (Please print)
1.	2.	3.
SIGNATURE OF DESIGNATED ACTIVE MEMBER NO. 1	SIGNATURE OF DESIGNATED ACTIVE MEMBER NO. 2	SIGNATURE OF DESIGNATED ACTIVE MEMBER NO. 3

<input type="checkbox"/> AMENDMENT DISAPPROVED <input type="checkbox"/> MAY REMAIN IN FULL FORCE AND EFFECT IN ACCORDANCE WITH CHANGE(S) SET FORTH ABOVE	DATE (Mo., Day, Yr.)
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