

**BINGO APPLICATION
SUPPLEMENTAL FORM**

CGB-4B NEW 1/04

**STATE OF CONNECTICUT
DIVISION OF SPECIAL REVENUE**

Charitable Games
555 Russell Road
Newington, CT 06111-1523



INSTRUCTIONS:

1. Print or type, and attach all required material.
2. The completed form must be mailed to **P.O. Box 310424, Newington, CT 06131-0424.**

TO: DIVISION OF SPECIAL REVENUE	IDENTIFICATION NUMBER
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MEMBER IN CHARGE

Name (please print): _____

Home telephone number: () _____

Work telephone number: () _____

I, the undersigned Member In Charge of the subject organization, do hereby state that I have read the Connecticut General Statutes governing Bingo and the Administrative Regulations, Operation Of Bingo Games, and that I will be responsible for the holding, operation and conduct of all Bingo sessions in accordance with the terms of the permit, and the provisions of the Bingo law and the administrative regulations governing Bingo.

SIGNED (*Member In Charge*) _____ DATE (*Mo., Day, Yr.*) _____

BINGO SESSION

Provide the time the doors open to the public: _____

Provide the time the sale of cards or sheets begins: _____

Provide the time balls will be drawn for the bonanza game (if any): _____

Provide the time the bingo games will commence: _____

SPECIAL BINGO BANK ACCOUNT

Account number: _____

Attach a voided (not cancelled) check from the special bingo bank account in the space provided below:

ATTACH VOIDED CHECK HERE (please staple the check on the left edge of the paper)
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ATTACHMENT

Attach one **original** identifiable admission card, sheet or ticket. A photocopy is **not** acceptable.

**INSTRUCTIONS FOR COMPLETION OF THE BINGO APPLICATION
SUPPLEMENTAL FORM AND RELATED INFORMATION**

1. Print the seven (7) digit organization Identification Number previously assigned by the Division.
2. Clearly print the complete name (first, middle, last) of the designated Member In Charge, and provide a home and work telephone number where we may reach this individual, if necessary.
3. The designated Member In Charge must sign his/her name and date the form in the space provided in order to signify that he/she has read the Bingo law and the administrative regulations governing Bingo, and understands he/she will be responsible for conducting Bingo in accordance with the terms of the permit and the provisions of the Bingo law and administrative regulations.
4. Provide the time (including a.m. or p.m.) the doors open to the public.
5. Provide the time (including a.m. or p.m.) the sale of cards or sheets begins.
6. Provide the time (including a.m. or p.m.) balls will be drawn for the bonanza game (if any).
7. Provide the time (including a.m. or p.m.) the bingo games will commence.
8. Provide the complete checking account number of the sponsoring organization's "Special Bingo Bank Account", if applying for a 'Class A' or 'Class C' bingo permit.
9. In the space provided, staple a **voided** (not cancelled) check from the sponsoring organization's "**Special Bingo Bank Account**", if applying for a 'Class A' or 'Class C' bingo permit.
10. Attach **one original** identifiable admission card, sheet or ticket.

If you have any questions pertaining to the completion of the Application for Permit to Conduct Bingo, Bingo Application Supplemental Form, Bingo Price Sheet or Bingo Prize Sheet, please do not hesitate to contact us at 1-800-338-6331 or (860) 594-5480.