

# APPLICATION FOR PERMIT TO CONDUCT BINGO CHARITABLE GAMES

CGB-4 REV. 06/11

## INSTRUCTIONS:

1. Print or type and, if necessary, use additional sheets. Have application notarized.
2. The completed form must be mailed to **165 Capitol Ave., Hartford, CT 06106**.

<b>TO: DEPARTMENT OF CONSUMER PROTECTION</b>		PERMIT NUMBER (To be assigned by Consumer Protection)	
NAME OF ORGANIZATION		IDENTIFICATION NUMBER	
ADDRESS OF ORGANIZATION (No. and Street)		(City or Town)	(State) (Zip Code)
MAILING ADDRESS (No. and Street)		(City or Town)	(State) (Zip Code)
		DATE ORGANIZED	
		TELEPHONE NUMBER	

## OFFICERS OF THE ORGANIZATION

NAME (Last, First, Middle)	TITLE	NAME (Last, First, Middle)	TITLE
1.		3.	
2.		4.	

## ORGANIZATION MEMBERS WHO ARE HOLDERS OF PERSONAL IDENTIFICATION NUMBERS

(Designate Member-In-Charge's Name With An Asterisk)

NAME (Last, First, Middle)	P.I.N.	NAME (Last, First, Middle)	P.I.N.
1.		5.	
2.		6.	
3.		7.	
4.		8.	

**MEMBER IN CHARGE:** Is the Member in Charge a bona-fide, active member of the organization and a member in good standing for at least six months?

☐ YES ☐ NO

## Check Type of Permit Applied for and Indicate Day(s) and Date(s):

☐ **CLASS A** (One day each week from issue date to 9/30) (Fee: \$75.00)

DAY OF WEEK: \_\_\_\_\_ TIME: \_\_\_\_\_ TO: \_\_\_\_\_

☐ **CLASS B** (Maximum of ten successive days) (Fee: \$5.00 per day)

DATE: \_\_\_\_\_ TO: \_\_\_\_\_ TIME: \_\_\_\_\_ TO: \_\_\_\_\_

☐ **CLASS C** (One day each month from issue date to 9/30) (Fee: \$50.00)

JAN ____/____/____	FROM: ____ am TO: ____ pm	JUL ____/____/____	FROM: ____ am TO: ____ pm
FEB ____/____/____	FROM: ____ am TO: ____ pm	AUG ____/____/____	FROM: ____ am TO: ____ pm
MAR ____/____/____	FROM: ____ am TO: ____ pm	SEP ____/____/____	FROM: ____ am TO: ____ pm
APR ____/____/____	FROM: ____ am TO: ____ pm	OCT ____/____/____	FROM: ____ am TO: ____ pm
MAY ____/____/____	FROM: ____ am TO: ____ pm	NOV ____/____/____	FROM: ____ am TO: ____ pm
JUN ____/____/____	FROM: ____ am TO: ____ pm	DEC ____/____/____	FROM: ____ am TO: ____ pm

ADDRESS WHERE BINGO WILL BE PLAYED (No. and Street)		(City or Town)	(State)	(Zip Code)	MAXIMUM SEATING CAPACITY ACCORDING TO LAW:
---	--	----------------	---------	------------	--

WHO OWNS THESE PREMISES? (Name)	(No. and Street)	(City or Town)	(State)	(Zip Code)	RENTING/LEASING?	FOR OFFICE USE ONLY
					<input type="checkbox"/> YES <input type="checkbox"/> NO	

I, the undersigned ranking officer of subject organization, do hereby state that all Bingo sessions operated by subject organization under this permit will be conducted in compliance with the Connecticut General Statutes and with all Administrative Regulations concerning Bingo Games.

SIGNED (Ranking Officer)

DATE (Mo., Day, Yr.)

Personally appeared the signer of the foregoing statement and made oath before me to the truth of matters contained therein.

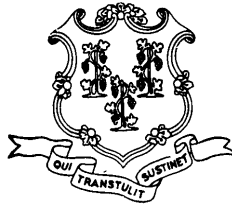
SIGNED (Notary Public)

DATE (Mo., Day, Yr.)

MY COMMISSION EXPIRES:

DATE (Mo., Day, Yr.)

**Application for Bingo Permit is approved**



**INSTRUCTIONS:**

1. Print or type, and attach all required material.
2. The completed form must be mailed to **165 Capitol Ave., Hartford, CT 06106.**

TO: DEPARTMENT OF CONSUMER PROTECTION	IDENTIFICATION NUMBER
---------------------------------------	-----------------------

**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 ( <i>Member In Charge</i> )	DATE ( <i>Mo., Day, Yr.</i> )
------------------------------------	-------------------------------

**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)

**ATTACHMENT**

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