STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION License Services/Charitable Games 165 Capitol Avenue Hartford, CT 06106 Email: <u>DCP.GamingCharitable@CT.gov</u> Web site: <u>www.ct.gov/dcp</u>



APPLICATION FOR REGISTRATION BAZAAR OR RAFFLE EQUIPMENT DEALER

CGE-1 REV. 05/13

INSTRUCTIONS:

- 1. Owner/Officer of Equipment Dealer must fill out this form and, if necessary, use additional sheets.
- 2. Have application notarized.
- 3. The completed form must be mailed, along with a check for \$375.00 payable to the **Treasurer of the State of Connecticut**, to the Department of Consumer Protection, **165 Capitol Ave.**, Hartford, CT 06106.

NAME OF EQUIPMENT DEALER			REGISTRATIO	N NUMBER (To be assigned	d by D.C.P.)
ADDRESS OF EQUIPMENT DEALER (No. and Street)	(City or Town)	(State)	(Zip Code)	TELEPHONE NO.	
				()	
LOCATION OF PRINCIPAL PLACE OF BUSINESS (No. and Street)		(City or Tov	vn)	(State)	(Zip Code)
MAILING ADDRESS (No. and Street)		(City or Tov	vn)	(State)	(Zip Code)

LIST OF OWNERS OR OFFICERS OF EQUIPMENT DEALER					
TITLE	(Last,	NAME First,	Middle)	ADDRESS	DATE OF BIRTH

LIST OF EQUIPMENT

List inventory and description of all Bazaar/Raffle equipment available for rental in Connecticut. An application to amend this registration must be submitted when and if more equipment is made available for rental.

EQUIPMEN	IT		DESCRIPTION				
SIGNATURE OF EQUIPME	ENT DEALER			TITLE OF EQUIPME	ENT DEALER		DATE (Mo., Day, Yr.)
Subscribed and sworn	SIGNED (No	tary Public)			MY COMMISSION EXPIRES:		DATE (Mo., Day, Yr.)

to before me	
APPLICATION FOR REGISTRATION IS APPROVED	DATE (Mo., Day, Yr.)

INSTRUCTIONS FOR COMPLETION OF AN APPLICATION FOR REGISTRATION BAZAAR OR RAFFLE EQUIPMENT DEALER (CGE-1)

- 1. Print or type the name of your business, the complete address (number, street, town, state, zip) of your business, the complete address of the location of the principal place of business, and a complete mailing address.
- 2. Do **NOT** fill-in the registration number. The Department assigns a new registration number to each business annually.
- 3. Print the telephone number of the business.
- 4. List the title, complete name (last, first, middle), complete home address (number, street, town, state, zip), and complete date of birth (month, day, year) of each owner or officer of the equipment dealer business.
- 5. Complete the List of Equipment section. In the column titled 'Equipment', print or type the total number of each item of each type of equipment the business has available for rental. In the column titled 'Description', print or type the name of each item of equipment available for rental. Additional sheets may be attached, if necessary.

EXAMPLE:

EQUIPMENT	DESCRIPTION
Two (2)	Dime Pitch
One (1)	Raffle Drum

- 6. Have the application signed by one of the owners or officers of the business, print or type his or her title, and date the form. Please take note that only individuals listed on the application in the section titled 'List of Owners or Officers of Equipment Dealer' qualify as an owner or officer.
- 7. The application form must be notarized and dated by an authorized Notary Public. Please be sure that the notary seal and the date the Notary Public's commission expires are used on this document. Applications will not be accepted without this important information.
- 8. Attach a check, made payable to the **Treasurer of the State of CT**, in the amount of \$375.00 for the registration fee.
- 9. Submit all copies of the completed application form, along with any additional sheets of information, to the Department of Consumer Protection for approval.
- 10. If you have any questions pertaining to completion of the application form, please do not hesitate to contact us at (860) 713-6140.