

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.**

TO: DEPARTMENT OF CONSUMER PROTECTION			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)	DATE ORGANIZED
MAILING ADDRESS (No. and Street)		(City or Town)	(State)	(Zip Code)	TELEPHONE NUMBER

APPLICANT'S PRIMARY ACTIVITY (Check only ONE)

- | | | | |
|--|---|---------------------------------------|--|
| 1. <input type="checkbox"/> Volunteer Fire Dept. | 3. <input type="checkbox"/> Educational | 5. <input type="checkbox"/> Veterans | 7. <input type="checkbox"/> Charitable |
| 2. <input type="checkbox"/> Civic | 4. <input type="checkbox"/> Fraternal | 6. <input type="checkbox"/> Religious | 8. <input type="checkbox"/> Grange |

OFFICERS OF THE ORGANIZATION

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

ORGANIZATION MEMBERS WHO ARE HOLDERS OF INDIVIDUAL SALES PERMIT NUMBERS

(Designate, With An Asterisk, The Name Of One Individual As Member-In-Charge)

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

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

YES NO

Check Type of Sealed Ticket Permit Applied for:

In conjunction with a Class A Bingo Permit (Fee: \$50.00) DAY OF WEEK: _____ TIME: _____ TO: _____

In conjunction with a CLASS B Bingo Permit (Max. of ten successive days) (Fee: \$5.00 per day) DATE: _____ TO: _____ TIME: _____ TO: _____

With a Chapter 545 Club Permit or Nonprofit Club Permit (Fee: \$75.00) Liquor License No. _____

Special Events Permit (Fee: \$50.00)

In conjunction with a Bazaar Permit (Max. of ten successive days) (Fee: \$5.00 per day) DATE: _____ TO: _____ TIME: _____ TO: _____

ADDRESS WHERE SEALED TICKETS WILL BE SOLD (No. and Street)				(City or Town)	(State)	(Zip Code)	MAXIMUM SEATING CAPACITY ACCORDING TO LAW: RENTING/LEASING? <input type="checkbox"/> YES <input type="checkbox"/> NO
WHO OWNS THESE PREMISES? (Name)				(City or Town)	(State)	(Zip Code)	

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

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)

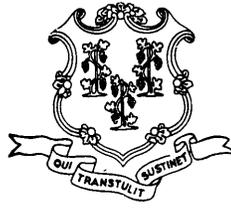
DATE (Mo., Day, Yr.)

MY COMMISSION EXPIRES:

Application for Sealed Ticket Permit is approved

DATE (Mo., Day, Yr.)

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



SEALED TICKET APPLICATION
SUPPLEMENTAL FORM

CGS-4C REV. 12/11

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
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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 Sealed Tickets and the Administrative Regulations, Distribution And Sale Of Sealed Tickets, and that I will be responsible for the holding, operation and conduct of all Sealed Ticket sales in accordance with the terms of the permit, and the provisions of the Sealed Ticket law and the administrative regulations governing Sealed Tickets.

SIGNED (*Member In Charge*)

DATE (*Mo., Day, Yr.*)

SEALED TICKET SALES

Provide the time the doors open to the public: _____

Provide the time the sale of sealed tickets begins: _____

SPECIAL SEALED TICKET BANK ACCOUNT

Account number: _____

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

<p>ATTACH VOIDED CHECK HERE (please staple check on the left edge of the paper)</p>
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