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

APPLICATION FOR PERMIT TO CONDUCT BINGO CHARITABLE GAMES

CGB-4 REV. 03/13

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

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) **(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) **(Fee: $50.00)**

JAN ___/___/___	FROM: _____ am pm	TO: _____ am pm		JUL ___/___/___	FROM: _____ am pm	TO: _____ am pm	
FEB ___/___/___	FROM: _____ am pm	TO: _____ am pm		AUG ___/___/___	FROM: _____ am pm	TO: _____ am pm	
MAR ___/___/___	FROM: _____ am pm	TO: _____ am pm		SEP ___/___/___	FROM: _____ am pm	TO: _____ am pm	
APR ___/___/___	FROM: _____ am pm	TO: _____ am pm		OCT ___/___/___	FROM: _____ am pm	TO: _____ am pm	
MAY ___/___/___	FROM: _____ am pm	TO: _____ am pm		NOV ___/___/___	FROM: _____ am pm	TO: _____ am pm	
JUN ___/___/___	FROM: _____ am pm	TO: _____ am pm		DEC ___/___/___	FROM: _____ am pm	TO: _____ am 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? ☐ YES ☐ NO

FOR OFFICE USE ONLY

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:

Application for Bingo Permit is approved

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

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BINGO SUPLEMENTAL FORM

CGB-4B REV. 03/13

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 ***(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)

ATTACHMENT

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