



**INSTRUCTIONS:**

1. Print or type and, if necessary, use additional sheets. Have application signed by an officer of the organization.
2. The completed form must be mailed to **165 Capitol Ave., Hartford CT 06106**.
3. The Department must receive this form **at least seven business days** prior to the date of any planned bingo event.

**TO: DEPARTMENT OF CONSUMER PROTECTION**

NAME OF ORGANIZATION			IDENTIFICATION NUMBER		
ADDRESS OF ORGANIZATION (No. and Street)		(City or Town)	(State)	(Zip Code)	TELEPHONE NUMBER
MAILING ADDRESS (No. and Street)		(City or Town)	(State)	(Zip Code)	

**Give the date(s), times and location where bingo will be conducted:**

Start Date ___/___/___	End Date ___/___/___	Doors Open: _____ am _____ pm	Sales Start: _____ am _____ pm	Games Begin: _____ am _____ pm	Games End: _____ am _____ pm
ADDRESS WHERE BINGO WILL BE PLAYED (No. and Street)		(City or Town)	(State)	(Zip Code)	

Start Date ___/___/___	End Date ___/___/___	Doors Open: _____ am _____ pm	Sales Start: _____ am _____ pm	Games Begin: _____ am _____ pm	Games End: _____ am _____ pm
ADDRESS WHERE BINGO WILL BE PLAYED (No. and Street)		(City or Town)	(State)	(Zip Code)	

Start Date ___/___/___	End Date ___/___/___	Doors Open: _____ am _____ pm	Sales Start: _____ am _____ pm	Games Begin: _____ am _____ pm	Games End: _____ am _____ pm
ADDRESS WHERE BINGO WILL BE PLAYED (No. and Street)		(City or Town)	(State)	(Zip Code)	

Start Date ___/___/___	End Date ___/___/___	Doors Open: _____ am _____ pm	Sales Start: _____ am _____ pm	Games Begin: _____ am _____ pm	Games End: _____ am _____ pm
ADDRESS WHERE BINGO WILL BE PLAYED (No. and Street)		(City or Town)	(State)	(Zip Code)	

**Person in charge of the bingo session for the organization:**

PRINTED NAME (Person in Charge)	HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	CELL TELEPHONE NUMBER
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SIGNED (Ranking Officer of Organization)	TITLE	DATE (Mo., Day, Yr.)
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**Notification of Event Amusement and Recreation Bingo for a PTA is approved**

DATE (Mo., Day, Yr.)