STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
Gaming Division/Charitable Games
P.O. Box 310424
Newington, CT 06111
Email: Charitable.games@po.state.ct.us
Web site: www.ct.gov/dcp

APPLICATION FOR BINGO REGISTRATION

CGB-1 REV. 06/11

INSTRUCTIONS:

1. **The completed application must be submitted to the office of the local Chief of Police or First Selectman, which must conduct an investigation and make a recommendation regarding issuance of a registration and an Identification Number.**
2. **The application must be mailed,** along with any attachments**, to the Department of Consumer Protection,** P.O. Box 310424, Newington, CT 06131-0424**.**

TO: DEPARTMENT OF CONSUMER PROTECTION	IDENTIFICATION NO. (To be assigned by Consumer Protection)

NAME OF ORGANIZATION	TELEPHONE NUMBER ( )

STREET ADDRESS *(No. and Street)*	*(City or Town)*	*(State)*	*(Zip Code)*

APPLICANT'S PRIMARY ACTIVITY (Check only ONE**)**

1. ☐ **Volunteer Fire Dept.**	3. ☐ **Educational**	5. ☐ **Veterans**	7. ☐ **Charitable**
2. ☐ **Civic**	4. ☐ **Fraternal**	6. ☐ **Religious**	8. ☐ **Grange**

Is the applicant a bonafide nonprofit organization ☐ **YES** ☐ **NO**
Has it had legal local existence of not less than two years? ☐ **YES** ☐ **NO**

If yes, attach a copy of the determination letter from the IRS confirming the organization's exempt status.

Under which section of the Tax Exempt Status Code of the IRS is this organization recognized?	**What is the sponsoring organization's IRS Employer Identification Number?**
Is the organization incorporated? ☐ **YES** ☐ **NO**	**DATE OF INCORPORATION**

PRINTED NAME of Ranking Officer	SIGNED *(Ranking Officer)*	DATE *(Mo., Day, Yr.)*

ADDRESS *(No. and Street)*	*(City or Town)*	*(State)*	*(Zip Code)*

OATH

Personally appeared the signer of the foregoing statement and made oath before me to the matter contained herein.

SIGNED *(Notary Public)*	DATE *(Mo., Day, Yr.)*	MY COMMISSION EXPIRES:

ATTEST

To the best of my knowledge and belief, information contained in this application is:

☐ **True and correct and subject organization qualifies for and** SHOULD **be issued a registration and an Identification Number.**

☐ **Not true or correct and subject organization** SHOULD NOT **be issued a registration and an Identification Number.**

COMMENTS

SIGNED *(Chief of Police or First Selectman)*	DATE *(Mo., Day, Yr.)*

THIS IS NOT A PERMIT TO CONDUCT BINGO! This registration is approved for issuance pursuant to Sec. 7-169a, C.G.S., as recommended by the Chief of Police/First Selectman as to the applicant's qualifications.

Application for Registration is approved	APPROVER'S SIGNATURE	DATE *(Mo., Day, Yr.)*