



INSTRUCTIONS:

1. Print or type and, if necessary, use additional sheets. Have application notarized.
2. The completed form must be mailed to P.O. Box 310424, Newington, CT 06131-0424.

TO: DEPARTMENT OF CONSUMER PROTECTION		PERMIT NUMBER <i>(To be assigned by Consumer Protection)</i>	
NAME OF ORGANIZATION		IDENTIFICATION NUMBER	
ADDRESS OF ORGANIZATION <i>(No. and Street)</i>		<i>(City or Town)</i>	<i>(State) (Zip Code)</i>
MAILING ADDRESS <i>(No. and Street)</i>		<i>(City or Town)</i>	<i>(State) (Zip Code)</i>
		DATE ORGANIZED	
		TELEPHONE NUMBER ()	

OFFICERS OF THE ORGANIZATION			
NAME <i>(Last, First, Middle)</i>	TITLE	NAME <i>(Last, First, Middle)</i>	TITLE
1.		3.	
2.		4.	

ORGANIZATION MEMBERS WHO ARE HOLDERS OF PERSONAL IDENTIFICATION NUMBERS <i>(Designate Member-In-Charge's Name With An Asterisk)</i>			
NAME <i>(Last, First, Middle)</i>	P.I.N.	NAME <i>(Last, First, Middle)</i>	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):

<input type="checkbox"/> CLASS A (One day each week from issue date to 9/30) (Fee: \$75.00) DAY OF WEEK: _____ TIME: _____ TO: _____	<input type="checkbox"/> CLASS B (Maximum of ten successive days) (Fee: \$5.00 per day) DATE: _____ TO: _____ TIME: _____ TO: _____
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CLASS C (One day each month from issue date to 9/30) (Fee: \$50.00)

OCT	FROM: _____	TO: _____	APR	FROM: _____	TO: _____
NOV	FROM: _____	TO: _____	MAY	FROM: _____	TO: _____
DEC	FROM: _____	TO: _____	JUN	FROM: _____	TO: _____
JAN	FROM: _____	TO: _____	JUL	FROM: _____	TO: _____
FEB	FROM: _____	TO: _____	AUG	FROM: _____	TO: _____
MAR	FROM: _____	TO: _____	SEP	FROM: _____	TO: _____

ADDRESS WHERE BINGO WILL BE PLAYED <i>(No. and Street)</i>		<i>(City or Town)</i>	<i>(State)</i>	<i>(Zip Code)</i>	MAXIMUM SEATING CAPACITY ACCORDING TO LAW:
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WHO OWNS THESE PREMISES? <i>(Name)</i>	<i>(No. and Street)</i>	<i>(City or Town)</i>	<i>(State)</i>	<i>(Zip Code)</i>	RENTING/LEASING? <input type="checkbox"/> YES <input type="checkbox"/> NO	FOR DIVISION USE ONLY
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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 <i>(Notary Public)</i>	MY COMMISSION EXPIRES:
	DATE <i>(Mo., Day, Yr.)</i>	
Application for Bingo Permit is approved	Approver's Signature	DATE <i>(Mo., Day, Yr.)</i>