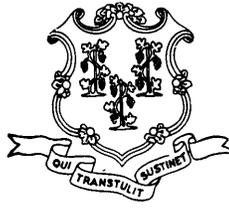


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 Gaming Division/Charitable Games
 P.O. Box 310424
 Newington, CT 06111
 Email: Charitable.games@po.state.ct.us
 Web site: www.ct.gov/dcp



**APPLICATION TO AMEND
 BINGO**
 CGB-5 REV. 06/11

INSTRUCTIONS:

1. Print or type. Have the application notarized.
2. The completed form must be mailed to P.O. Box 310424, Newington, CT 06131-0424.

No Bingo Permit, no Certificate of Registration, and no Certificate of Personal Identification Number issued under the Connecticut General Statutes, or Administrative Regulations issued pursuant thereto, may be amended except upon application through use of this form.

TO: DEPARTMENT OF CONSUMER PROTECTION	IDENTIFICATION NUMBER
NAME OF SPONSORING ORGANIZATION	
TELEPHONE NUMBER	
ADDRESS OF ORGANIZATION (No. and Street)	(City or Town) (State) (Zip Code)

APPLICATION IS MADE TO:

(Check all that apply)

Amend the bingo permit

PERMIT NUMBER

Amend the certificate of registration

Amend the certificate of personal identification number

PERSONAL IDENTIFICATION NUMBER

Please provide the details of the proposed amendment(s):

PRINTED NAME of person preparing this form	SIGNED (Person preparing form)	TELEPHONE NUMBER ()
SIGNED (Organization Ranking Officer)	TITLE of Ranking Officer	DATE (Mo., Day, Yr.)
Subscribed and sworn to before me.	SIGNED (Notary Public)	My Commission Expires:
	DATE (Mo., Day, Yr.)	
<input type="checkbox"/> AMENDMENT DISAPPROVED <input type="checkbox"/> MAY REMAIN IN FULL FORCE AND EFFECT IN ACCORDANCE WITH CHANGE(S) SET FORTH ABOVE	APPROVER'S SIGNATURE	DATE (Mo., Day, Yr.)