APPLICATION FOR REGISTRATION
AMUSEMENT AND RECREATION BINGO
CGB-7 REV. 04/03

STATE OF CONNECTICUT

DIVISION OF SPECIAL REVENUE

Charitable Games
555 Russell Road
Newington, CT 06111-1523

INSTRUCTIONS:

1. Print or type.
2. Mail application to **P.O. Box 310424, Newington, CT 06131-0424**.
3. The Division of Special Revenue will assign an Identification Number.

TO: DIVISION OF SPECIAL REVENUE

IDENTIFICATION NUMBER *(To be assigned by Special Revenue)*

NAME OF ORGANIZATION

TELEPHONE NUMBER ( )

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

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

Does your organization consist of members sixty (60) years of age or older? ☐ YES ☐ NO

INDICATE DAY(S) OF WEEK AND HOURS OF BINGO OPERATION

1 ☐	SUNDAY	From: ☐am ☐pm	To: ☐am ☐pm	5 ☐	THURSDAY	From: ☐am ☐pm	To: ☐am ☐pm
2 ☐	MONDAY	From: ☐am ☐pm	To: ☐am ☐pm	6 ☐	FRIDAY	From: ☐am ☐pm	To: ☐am ☐pm
3 ☐	TUESDAY	From: ☐am ☐pm	To: ☐am ☐pm	7 ☐	SATURDAY	From: ☐am ☐pm	To: ☐am ☐pm
4 ☐	WEDNESDAY	From: ☐am ☐pm	To: ☐am ☐pm				

ADDRESS WHERE BINGO WILL BE PLAYED *(No. and Street)* *(City or Town)* *(State)* *(Zip Code)*

I, the undersigned ranking officer of subject organization, do hereby state that all Bingo sessions operated by subject organization under this registration will be conducted in compliance with Connecticut General Statutes and with all Administrative Regulations concerning Amusement and Recreation Bingo.

SIGNED *(Ranking Officer)*

PRINTED NAME of *Ranking Officer*

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

OATH

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

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

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.)*

APPLICATION FOR AMUSEMENT AND RECREATION BINGO REGISTRATION IS APPROVED | SIGNED *(Executive Director of Division of Special Revenue)* | DATE *(Mo., Day, Yr.)*

DISTRIBUTION: WHITE - Charitable Games CANARY - Liaison Officer PINK - Organization