STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
Gaming Division/Charitable Games
P.O. Box 310424
Newington, CT 06131-0424
Email: Charitable.games@po.state.ct.us
Web site: www.ct.gov/dcp

APPLICATION FOR REGISTRATION AMUSEMENT AND RECREATION BINGO

CGB-7 –REV. 06/11

INSTRUCTIONS:

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

TO: DEPARTMENT OF CONSUMER PROTECTION

IDENTIFICATION NUMBER *(To be assigned by Consumer Protection)*

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	**APPROVER'S SIGNATURE**	**DATE** *(Mo., Day, Yr.)*