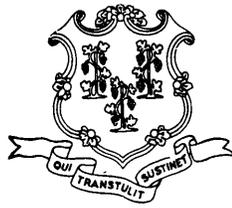


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 Gaming Division/Charitable Games
 P.O. Box 310424
 Newington, CT 06111
 Email: Charitable.games@po.state.ct.us
 Web site: www.ct.gov/dcp



APPLICATION FOR PERMIT TO
 SELL SEALED TICKETS
 (INDIVIDUAL)
 CGS-2 REV. 06/11

INSTRUCTIONS:

1. Print or type.
2. Complete and attach form CGB/S-2A.
3. Mail application forms to P.O. Box 310424, Newington, CT 06131-0424.
4. The Department of Consumer Protection will assign an Individual Sales Permit Number (I.S.P.) upon approval.

TO: DEPARTMENT OF CONSUMER PROTECTION	I.S.P. (To be assigned by Consumer Protection)
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NAME OF APPLICANT (Last) (First) (Middle)	SOCIAL SECURITY NUMBER
-------------------------------------------	------------------------

ADDRESS OF APPLICANT (No. and Street) (City or Town) (State) (Zip Code)	TELEPHONE NUMBER ()
-------------------------------------------------------------------------	-------------------------

HOW LONG AT PRESENT ADDRESS?	PREVIOUS ADDRESS (No. and Street) (City or Town) (State) (Zip Code)
------------------------------	---------------------------------------------------------------------

DATE OF BIRTH (Mo.) (Day) (Yr.)	PLACE OF BIRTH	SEX M <input type="checkbox"/> F <input type="checkbox"/>	HEIGHT	WEIGHT
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Have you EVER been convicted of any crime, felony, misdemeanor, disorderly persons offense or other offense other than a traffic violation? YES NO

IF "YES", GIVE DETAILS:

ORGANIZATION REPRESENTED (Name)	(No. and Street)	(City or Town)	(State)	(Zip Code)
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ORGANIZATION'S IDENTIFICATION NUMBER	HOW LONG HAVE YOU BEEN A BONAFIDE MEMBER OR WORKER OF ORGANIZATION? Please specify in terms of years or months.
	YEARS MONTHS

Have you ever applied for an I.S.P. to sell sealed tickets for any other organization? YES NO

IF "YES", GIVE DETAILS: (Organization Name) (No. and Street) (City or Town) (State) (Zip Code)	ASSIGNED I.S.P.
------------------------------------------------------------------------------------------------	-----------------

APPLICANT'S SIGNATURE (Please sign with blue or black ink only)	DATE (Mo., Day, Yr.)
-----------------------------------------------------------------	----------------------

I hereby certify that the above named applicant is a bonafide member of the represented organization.

SIGNATURE OF ORGANIZATION RANKING OFFICER (Note: The applicant may not sign as an officer)	DATE (Mo., Day, Yr.)
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DO NOT WRITE BELOW THIS LINE

APPLICATION FOR I.S.P. IS APPROVED	APPROVER'S SIGNATURE	DATE (Mo., Day, Yr.)
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