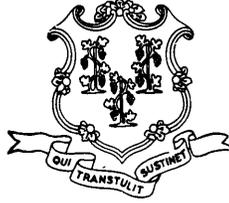


STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 Gaming Division/Charitable Games  
 P.O. Box 310424  
 Newington, CT 06131-0424  
 Email: Charitable.games@po.state.ct.us  
 Web site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



**APPLICATION TO AMEND  
 SEALED TICKETS**  
 CGS-5 REV. 06/11

**INSTRUCTIONS:**

1. Print or type and have the application notarized.
2. The completed form must be mailed to the Division of Special Revenue, P.O. Box 310424, Newington, CT 06131-0424.

No Sealed Ticket Permit to Sell (Organization) and no Permit to Sell (Individual) issued under the Connecticut General Statutes, or Administrative Regulations issued pursuant thereto, may be amended except upon application through use of this form.

<b>TO: DEPARTMENT OF CONSUMER PROTECTION</b>	IDENTIFICATION NUMBER <i>(To be assigned by Special Revenue)</i>
NAME OF SPONSORING ORGANIZATION	
TELEPHONE NUMBER (    )	
ADDRESS OF ORGANIZATION <i>(No. and Street)</i>	<i>(City or Town)</i>
	<i>(State)</i> <i>(Zip Code)</i>

APPLICATION IS MADE TO:  
 (Check all that apply)

Amend the sealed ticket permit

PERMIT NUMBER
---------------

Amend the individual permit to sell (ISP)

INDIVIDUAL SALES PERMIT NUMBER
--------------------------------

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

PRINTED NAME of person preparing this form	SIGNED <i>(Person preparing form)</i>	TELEPHONE NUMBER (    )
SIGNED <i>(Organization Ranking Officer)</i>	TITLE of Ranking Officer	DATE <i>(Mo., Day, Yr.)</i>
Subscribed and sworn to before me.	SIGNED <i>(Notary Public)</i>	My Commission Expires:
	DATE <i>(Mo., Day, Yr.)</i>	
<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 <i>(Mo., Day, Yr.)</i>