

# APPLICATION FOR PERMIT TO CONDUCT BINGO CHARITABLE GAMES

**INSTRUCTIONS:**

1. Print or type and, if necessary, use additional sheets. Have application notarized.
2. The completed form must be mailed to:

<b>TO:</b>	PERMIT NUMBER		
NAME OF ORGANIZATION		IDENTIFICATION NUMBER	
ADDRESS OF ORGANIZATION (No. and Street)	(City or Town)	(State) (Zip Code)	DATE ORGANIZED
MAILING ADDRESS (No. and Street)	(City or Town)	(State) (Zip Code)	TELEPHONE NUMBER

OFFICERS OF THE ORGANIZATION			
NAME (Last, First, Middle)	D.O.B.	NAME (Last, First, Middle)	D.O.B.
1.		3.	
2.		4.	

**MEMBER IN CHARGE:** Is the Member in Charge a bona-fide, active member of the organization and a member in good standing for at least six months?  YES  NO

**Check Type of Permit Applied for and Indicate Day(s) and Date(s):**

<input type="checkbox"/> <b>CLASS A</b> (One day each week from issue date to 9/30) (Fee: \$ 75.00) DAY OF _____ WEEK: _____ TIME: _____ TO: _____	<input type="checkbox"/> <b>CLASS B</b> (Maximum of ten successive days) (Fee: \$5 .00 per day) DATE: _____ TO: _____ TIME: _____ TO: _____
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**CLASS C** (One day each month from issue date to 9/30) (Fee: \$5 0 . 0 0 )

JAN ___ / ___ / ___	FROM: _____ pm	TO: _____ pm	JUL ___ / ___ / ___	FROM: _____ pm	TO: _____ pm
FEB ___ / ___ / ___	FROM: _____ am	TO: _____ am	AUG ___ / ___ / ___	FROM: _____ pm	TO: _____ pm
MAR ___ / ___ / ___	FROM: _____ pm	TO: _____ pm	SEP ___ / ___ / ___	FROM: _____ am	TO: _____ am
APR ___ / ___ / ___	FROM: _____ am	TO: _____ am	OCT ___ / ___ / ___	FROM: _____ pm	TO: _____ pm
MAY ___ / ___ / ___	FROM: _____ pm	TO: _____ pm	NOV ___ / ___ / ___	FROM: _____ am	TO: _____ am
JUN ___ / ___ / ___	FROM: _____ am	TO: _____ am	DEC ___ / ___ / ___	FROM: _____ pm	TO: _____ pm

ADDRESS WHERE BINGO WILL BE PLAYED (No. and Street)	(City or Town)	(State)	(Zip Code)	MAXIMUM SEATING CAPACITY ACCORDING TO LAW:
WHO OWNS THESE PREMISES? (Name)	(No. and Street)	(City or Town)	(State) (Zip Code)	RENTING/LEASING? <input type="checkbox"/> YES <input type="checkbox"/> NO
I, the undersigned ranking officer of subject organization, do hereby state that all Bingo sessions operated by subject organization under this permit will be conducted in compliance with the Connecticut General Statutes and with all Administrative Regulations concerning Bingo Games.				FOR OFFICE USE ONLY
				SIGNED (Ranking Officer)
				DATE (Mo., Day, Yr.)

Personally appeared the signer of the foregoing statement and made oath before me to the truth of matters contained therein.	SIGNED (Notary Public)	MY COMMISSION EXPIRES:
	DATE (Mo., Day, Yr.)	
<b>Application for Bingo Permit is approved</b>	Chief of Police or Designee	DATE (Mo., Day, Yr.)

**INSTRUCTIONS:**

Print or type, and attach all required material.

**MEMBER IN CHARGE**

Name (please print): \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Mobile telephone number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
I, the undersigned Member In Charge of the subject organization, do hereby state that I have read the Connecticut General Statutes governing Bingo and the Administrative Regulations, Operation Of Bingo Games, and that I will be responsible for the holding, operation and conduct of all Bingo sessions in accordance with the terms of the permit, and the provisions of the Bingo law and the administrative regulations governing Bingo.

\_\_\_\_\_  
**SIGNED (MEMBER IN CHARGE)**

\_\_\_\_\_  
**DATE (Month, Day, Year)**

**BINGO SESSION**

Provide the time the doors will be open to the public: \_\_\_\_\_

Provide the time the sale of cards or sheets will begin: \_\_\_\_\_

Provide the time the balls will be drawn for the bonanza game (if any): \_\_\_\_\_

Provide the time the bingo games will start: \_\_\_\_\_

**ATTACHMENT**

For all Officers of the Organization listed on page one, please provide and attach a photocopy of their driver's license.

