

Suffield Police Department /Permit Service
 911 Mountain Road
 Suffield, CT 06078
 Email: ssmyth@suffieldct.gov
 Website: www.suffieldct.gov
 Phone: 860-668-3381



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: Suffield Police Department, 911 Mountain Road, Suffield, CT 06078

TO:		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			
1.	NAME (Last, First, Middle)	TITLE	2.

ORGANIZATION MEMBERS WHO ARE HOLDERS OF PERSONAL IDENTIFICATION NUMBERS <small>(Designate Member-In-Charge's Name With An Asterisk)</small>			
1.	NAME (Last, First, Middle)	P.I.N.	2.

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

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

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

CLASS C (One day each month from issue date to 9/30) (Fee: \$.00)

JAN _____ / _____ / _____	FROM: _____ am TO: _____ am	JUL _____ / _____ / _____	FROM: _____ am TO: _____ am
FEB _____ / _____ / _____	FROM: _____ pm TO: _____ pm	AUG _____ / _____ / _____	FROM: _____ pm TO: _____ pm
MAR _____ / _____ / _____	FROM: _____ am TO: _____ am	SEP _____ / _____ / _____	FROM: _____ am TO: _____ am
APR _____ / _____ / _____	FROM: _____ pm TO: _____ pm	OCT _____ / _____ / _____	FROM: _____ pm TO: _____ pm
MAY _____ / _____ / _____	FROM: _____ am TO: _____ am	NOV _____ / _____ / _____	FROM: _____ am TO: _____ am
JUN _____ / _____ / _____	FROM: _____ pm TO: _____ pm	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	FOR OFFICE USE ONLY
---------------------------------	------------------	-----------------------------------	--	---------------------

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.

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

Chief's Approval:

BINGO SUPPLEMENTAL FORM

Suffield Police Department
Permit Services
911 Mountain Road
Suffield, CT 06078
ssmyth@suffieldct.gov



**APPLICATION FOR PERMIT
TO CONDUCT BINGO
CHARITABLE GAMES**

TO:	IDENTIFICATION NUMBER
------------	------------------------------

MEMBER IN CHARGE

Name (please print): _____

Home telephone number: (_____) _____

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

BINGO SESSION

Provide the time the doors open to the public: _____

Provide the time the sale of cards or sheets begins: _____

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

Provide the time the bingo games will start: _____

SPECIAL BINGO BANK ACCOUNT (for Class A&C ONLY)

Account number: _____

Attach a voided (not cancelled) check from the special bingo bank account in the space provided below:

ATTACH VOIDED CHECK HERE
(please staple the check on the left edge of the paper)

ATTACHMENT

Attach one original identifiable admission card, sheet or ticket. A photocopy is **not** acceptable.