

**APPLICATION FOR PERMIT
 TO CONDUCT BINGO
 CHARITABLE GAMES**
 CGB-4 REV. 4/17

INSTRUCTIONS:

1. Print or type and, if necessary, use additional sheets. Have application notarized.
2. The completed form must be mailed to **450 Columbus Blvd, Ste. 801, Hartford, CT 06103.**

TO: DEPARTMENT OF CONSUMER PROTECTION		PERMIT NUMBER <i>(To be assigned by Consumer Protection)</i>	
NAME OF ORGANIZATION		IDENTIFICATION NUMBER	
ADDRESS OF ORGANIZATION <i>(No. and Street)</i>		<i>(City or Town)</i>	<i>(State) (Zip Code)</i>
MAILING ADDRESS <i>(No. and Street)</i>		<i>(City or Town)</i>	<i>(State) (Zip Code)</i>
		DATE ORGANIZED	TELEPHONE NUMBER

OFFICERS OF THE ORGANIZATION			
1.	NAME <i>(Last, First, Middle)</i>	TITLE	2.

ORGANIZATION MEMBERS WHO ARE HOLDERS OF PERSONAL IDENTIFICATION NUMBERS <small>(Designate Member-In-Charge's Name With An Asterisk)</small>			
1.	NAME <i>(Last, First, Middle)</i>	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 NO

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: \$75.00) DAY OF _____ WEEK: _____ TIME: _____ TO: _____	<input type="checkbox"/> CLASS 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: \$50.00)

>5 B	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

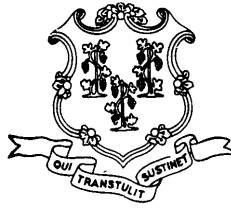
ADDRESS WHERE BINGO WILL BE PLAYED <i>(No. and Street)</i>		<i>(City or Town)</i>	<i>(State)</i>	<i>(Zip Code)</i>	MAXIMUM SEATING CAPACITY ACCORDING TO LAW:
WHO OWNS THESE PREMISES? <i>(Name)</i>		<i>(No. and Street)</i>	<i>(City or Town)</i>	<i>(State)</i>	<i>(Zip Code)</i>
RENTING/LEASING? <input 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.

Personally appeared the signer of the foregoing statement and made oath before me to the truth of matters contained therein.	SIGNED <i>(Notary Public)</i>	MY COMMISSION EXPIRES:
	DATE <i>(Mo., Day, Yr.)</i>	
	DATE <i>(Mo., Day, Yr.)</i>	

Application for Bingo Permit is approved

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
License Services/Charitable Games
450 Columbus Blvd, Ste. 801
Hartford, CT 06103
Email: DGP.GamingCharitable@CT.gov
Web site: www.ct.gov/dcp



BINGO SUPPLEMENTAL
FORM
CGB-4B REV. 2/17

INSTRUCTIONS:

1. Print or type, and attach all required material.
2. The completed form must be mailed to **165 Capitol Ave., Hartford, CT 06106.**

TO: DEPARTMENT OF CONSUMER PROTECTION	IDENTIFICATION NUMBER
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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:

<p>ATTACH VOIDED CHECK HERE (please staple the check on the left edge of the paper)</p>
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ATTACHMENT

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