



**Municipal Complex of Putnam
Town Clerk
200 School Street
Putnam, CT 06260**

**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 or delivered to **Putnam Town Clerk 200 School Street, Putnam, CT 06260.**

TO: TOWN OF PUTNAM		PERMIT NUMBER <i>(To be assigned by Town of Putnam)</i>	
NAME OF ORGANIZATION		IDENTIFICATION NUMBER	
ADDRESS OF ORGANIZATION <i>(No. and Street)</i>	<i>(City or Town)</i>	<i>(State)</i> <i>(Zip Code)</i>	DATE ORGANIZED
MAILING ADDRESS <i>(No. and Street)</i>	<i>(City or Town)</i>	<i>(State)</i> <i>(Zip Code)</i>	TELEPHONE NUMBER

OFFICERS OF THE ORGANIZATION			
NAME <i>(Last, First, Middle)</i>	TITLE	NAME <i>(Last, First, Middle)</i>	TITLE
1.		3.	
2.		4.	

ORGANIZATION MEMBERS WHO ARE HOLDERS OF PERSONAL IDENTIFICATION NUMBERS <i>(Designate Member-In-Charge's Name With An Asterisk)</i>			
NAME <i>(Last, First, Middle)</i>	P.I.N.	NAME <i>(Last, First, Middle)</i>	P.I.N.
1.		5.	
2.		6.	
3.		7.	
4.		8.	

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 12/31) (Fee: \$75.00) DAY OF _____ TIME: _____ TO: _____ WEEK: _____	<input type="checkbox"/> CLASS B (Maximum of ten successive days) (Fee: \$10.00 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: ____ am TO: ____ am
MAR ____/____/____	FROM: ____ am TO: ____ am	SEP ____/____/____	FROM: ____ pm TO: ____ pm
APR ____/____/____	FROM: ____ pm TO: ____ pm	OCT ____/____/____	FROM: ____ am TO: ____ am
MAY ____/____/____	FROM: ____ am TO: ____ am	NOV ____/____/____	FROM: ____ pm TO: ____ pm
JUN ____/____/____	FROM: ____ pm TO: ____ pm	DEC ____/____/____	FROM: ____ am TO: ____ am

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
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 <i>(Ranking Officer)</i>
			DATE <i>(Mo., Day, Yr.)</i>

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		

