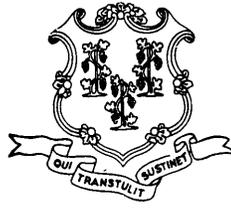


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
License Services/Charitable Games
165 Capitol Avenue
Hartford, CT 06106
Email: DGP.GamingCharitable@CT.gov
Web site: www.ct.gov/dcp



SEALED TICKET APPLICATION
SUPPLEMENTAL FORM

CGS-4C REV. 12/11

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 Sealed Tickets and the Administrative Regulations, Distribution And Sale Of Sealed Tickets, and that I will be responsible for the holding, operation and conduct of all Sealed Ticket sales in accordance with the terms of the permit, and the provisions of the Sealed Ticket law and the administrative regulations governing Sealed Tickets.

SIGNED (*Member In Charge*)

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

SEALED TICKET SALES

Provide the time the doors open to the public: _____

Provide the time the sale of sealed tickets begins: _____

SPECIAL SEALED TICKET BANK ACCOUNT

Account number: _____

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

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