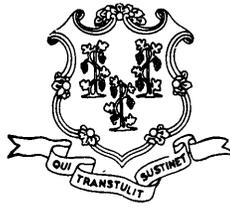


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 License Services/Charitable Games
 165 Capitol Avenue
 Hartford, CT 06106
 Email: DCP.GamingCharitable@ct.gov
 Web site: www.ct.gov/dcp



**APPLICATION FOR BINGO
 REGISTRATION**

CGB-1 REV. 06/11

INSTRUCTIONS:

- The completed application must be submitted to the office of the local Chief of Police or First Selectman, which must conduct an investigation and make a recommendation regarding issuance of a registration and an Identification Number.
- The application must be mailed, **along with any attachments**, to the Department of Consumer Protection, **165 Capitol Ave., Hartford, CT 06106.**

TO: DEPARTMENT OF CONSUMER PROTECTION	IDENTIFICATION NO. (To be assigned by Consumer Protection)
NAME OF ORGANIZATION	TELEPHONE NUMBER
STREET ADDRESS (No. and Street)	(City or Town) (State) (Zip Code)

APPLICANT'S PRIMARY ACTIVITY (Check only ONE)

- | | | | |
|--|---|---------------------------------------|--|
| 1. <input type="checkbox"/> Volunteer Fire Dept. | 3. <input type="checkbox"/> Educational | 5. <input type="checkbox"/> Veterans | 7. <input type="checkbox"/> Charitable |
| 2. <input type="checkbox"/> Civic | 4. <input type="checkbox"/> Fraternal | 6. <input type="checkbox"/> Religious | 8. <input type="checkbox"/> Grange |

Is the applicant a bonafide nonprofit organization
 Has it had legal local existence of not less than two years?
 YES NO YES NO **If yes, attach a copy of the determination letter from the IRS confirming the organization's exempt status.**

Under which section of the Tax Exempt Status Code of the IRS is this organization recognized?	What is the sponsoring organization's IRS Employer Identification Number?
Is the organization incorporated? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF INCORPORATION

PRINTED NAME of Ranking Officer	SIGNED (Ranking Officer)	DATE (Mo., Day, Yr.)
ADDRESS (No. and Street)	(City or Town) (State)	(Zip Code)

OATH

Personally appeared the signer of the foregoing statement and made oath before me to the matter contained herein.

SIGNED (Notary Public)	DATE (Mo., Day, Yr.)	MY COMMISSION EXPIRES:
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ATTEST

To the best of my knowledge and belief, information contained in this application is:

- True and correct and subject organization qualifies for and **SHOULD** be issued a registration and an Identification Number.
- Not true or correct and subject organization **SHOULD NOT** be issued a registration and an Identification Number.

COMMENTS

SIGNED (Chief of Police or First Selectman)	DATE (Mo., Day, Yr.)
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THIS IS NOT A PERMIT TO CONDUCT BINGO! This registration is approved for issuance pursuant to Sec. 7-169a, C.G.S., as recommended by the Chief of Police/First Selectman as to the applicant's qualifications.

Application for Registration is approved	DATE (Mo., Day, Yr.)
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**INSTRUCTIONS FOR COMPLETION OF AN APPLICATION FOR BINGO
REGISTRATION**

1. Do **NOT** provide an identification number. The Department will assign an identification number to your organization.
2. Print or type the name of the sponsoring organization and the complete organization address (**number, street, city/town, state, zip code**).
3. Print the telephone number of the sponsoring organization.
4. Check one of the eight activities listed that best describes the primary activity of your organization.
5. Answer the questions “Is the applicant a bonafide nonprofit organization?” and “Has it had legal local existence of not less than two years?”. (**NOTE:** If yes, attach a copy of the determination letter from the IRS confirming the organization’s exempt status.)
6. Provide the section of the Tax Exempt Status Code of the IRS under which the **sponsoring organization** is recognized.
7. Answer the question “What is the **sponsoring organization’s** IRS Employer Identification Number?”.
8. Answer the question “Is the organization incorporated?”. If the answer is yes, please provide the date of incorporation, in the space provided.
9. The application form must be signed and dated by one of the ranking officers of the organization, and he/she must print his/her name and also provide his/her complete home address (**number, street, city/town, state, zip code**).
10. The application form must be signed and dated by an authorized Notary Public. Please be sure that the notary seal and/or the date the Notary Public’s commission expires are used on this document. Applications will not be accepted without this important information.
11. Have the application form attested to by your local Chief of Police/First Selectman, who must indicate that to the best of his/her knowledge and belief, the information contained in the application is either “true and correct and subject organization qualifies for and **SHOULD** be issued a registration and an Identification Number” or “not true or correct and subject organization **SHOULD NOT** be issued a registration and an Identification Number”. The Chief of Police/First Selectman must also sign and date the form.
12. Upon completion of the application, submit all copies of the form, as well as any attachments, to the Department of Consumer Protection for approval.
13. If you have any questions pertaining to the completion of the application form, please do not hesitate to contact us at (860) 713-6140.