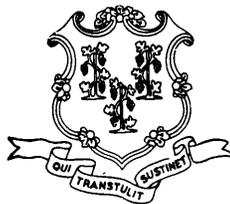


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
License Services/Charitable Games
165 Capitol Avenue
Hartford, CT 06106
Email: DCP.GamingCharitable@CT.gov
Web site: www.ct.gov/dcp



BINGO SUPPLEMENTAL
FORM
CGB-4B REV. 06/11

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
---------------------------------------	-----------------------

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 commence: _____

SPECIAL BINGO BANK ACCOUNT

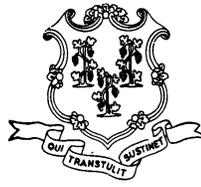
Account number: _____

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>
--

ATTACHMENT

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



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): _____

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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 commence: _____

SPECIAL BINGO BANK ACCOUNT

Account number: _____

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

Special Bingo Bank Account I.D. #1700005	Class A	51-3849	1016
St. John's Church – Men's Club		3204	
263 Cedar Mountain Road, Anytown, CT 06000			
PAY TO	DATE: _____		
THE ORDER OF: _____		\$ _____	
			DOLLARS
THE FIRST NATIONAL BANK			
MEMO _____	SIGNED _____		
:320438491 :10 0003629900 ' 1016			

ATTACHMENT

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