



INSTRUCTIONS:

1. Print or type and, if necessary, use additional sheets. Have application signed by an officer of the organization.
2. The completed form must be mailed to **165 Capitol Ave., Hartford CT 06106**.
3. The Department must receive this form **at least seven business days** prior to the date of any planned bingo event.

TO: DEPARTMENT OF CONSUMER PROTECTION

NAME OF ORGANIZATION			IDENTIFICATION NUMBER		
ADDRESS OF ORGANIZATION (No. and Street)		(City or Town)	(State)	(Zip Code)	TELEPHONE NUMBER
MAILING ADDRESS (No. and Street)		(City or Town)	(State)	(Zip Code)	

Give the date(s), times and location where bingo will be conducted:

Start Date ____/____/____	End Date ____/____/____	Doors Open: ____ am ____ pm	Sales Start: ____ am ____ pm	Games Begin: ____ am ____ pm	Games End: ____ am ____ pm
ADDRESS WHERE BINGO WILL BE PLAYED (No. and Street)		(City or Town)	(State)	(Zip Code)	

Start Date ____/____/____	End Date ____/____/____	Doors Open: ____ am ____ pm	Sales Start: ____ am ____ pm	Games Begin: ____ am ____ pm	Games End: ____ am ____ pm
ADDRESS WHERE BINGO WILL BE PLAYED (No. and Street)		(City or Town)	(State)	(Zip Code)	

Start Date ____/____/____	End Date ____/____/____	Doors Open: ____ am ____ pm	Sales Start: ____ am ____ pm	Games Begin: ____ am ____ pm	Games End: ____ am ____ pm
ADDRESS WHERE BINGO WILL BE PLAYED (No. and Street)		(City or Town)	(State)	(Zip Code)	

Start Date ____/____/____	End Date ____/____/____	Doors Open: ____ am ____ pm	Sales Start: ____ am ____ pm	Games Begin: ____ am ____ pm	Games End: ____ am ____ pm
ADDRESS WHERE BINGO WILL BE PLAYED (No. and Street)		(City or Town)	(State)	(Zip Code)	

Person in charge of the bingo session for the organization:

PRINTED NAME (Person in Charge)		HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	CELL TELEPHONE NUMBER
SIGNED (Ranking Officer of Organization)		TITLE		DATE (Mo., Day, Yr.)

Notification of Event Amusement and Recreation Bingo for a PTA is approved	DATE (Mo., Day, Yr.)
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**INSTRUCTIONS FOR COMPLETION OF AN APPLICATION : CF BCH 75 HCB C: 9J9BH
AAI G9A9BH5 B8 RECREATION BINGO FOR PARENT TEACHER ASSOCIATIONS
(CGB-95)**

1. Print or type the name of the sponsoring organization and the complete organization address (number, street, city/town, state, zip code).
2. Provide a complete mailing address (number, street, city/town, state, zip code).
3. Provide the organization ID Number.
4. Print the telephone number of the sponsoring organization.
5. Provide the start and end dates of the bingo session as well as time the doors open, sales begin, and games begin and end.
6. Provide the address(number, street, city/town, state, zip code) where the bingo games will be played.
7. Provide the name and telephone number(s) of the person in charge.
8. The application form must be signed and dated by one of the ranking officers of the organization.
9. Upon completion of the application, submit all copies of the form, as well as any attachments, to the Department of Consumer Protection for approval.
10. If you have any questions or concerns pertaining to the completion of the application form, please do not hesitate to contact us at (860) 713-6140.