

INSTRUCTIONS:

1. Owners/Officers of Manufacturer or Equipment Dealer must complete this form and, if necessary, use additional sheets. Have application notarized.
2. Fingerprint cards must be taken to the nearest law enforcement agency for fingerprinting. Ensure the agency does NOT use a fingerprint pad, as this device is unacceptable. Fingerprints must be CAREFULLY taken through use of ink and roller. Fingerprint cards may also be taken to the Department of Consumer Protection for automated fingerprinting, at no charge, by appointment only.
3. The registration fee for Equipment Dealers is \$625.00, and the registration fee for Equipment Manufacturers is \$1,250.00. The completed form must be mailed, along with a check payable to the **Treasurer of the State of Connecticut**, to the Department of Consumer Protection, **165 Capitol Ave., Hartford, CT 06106**.

NAME OF MANUFACTURER OR EQUIPMENT DEALER		REGISTRATION NUMBER (To be assigned by D.C.P.)	
ADDRESS OF MANUFACTURER OR EQUIPMENT DEALER (No. and Street)		(City or Town)	(State) (Zip Code)
MAILING ADDRESS (No. and Street)		(City or Town)	(State) (Zip Code)
TELEPHONE NUMBER ()	FEDERAL ID NUMBER	CT SALES TAX NUMBER	

OWNERS OR OFFICERS OF DISPENSING MACHINE MANUFACTURER OR EQUIPMENT DEALER

Complete the following information for each owner or officer of the applicant entity. For the purposes of this section, officers shall be deemed to be all persons serving as President, Vice-President, Secretary, Treasurer, Chairman of the Board or any such other officers as may be prescribed by the corporation by-laws, partnership agreement or any other pertinent documents relative to the applicant entity. In cases where the applicant entity is other than a corporation, the term "officer" shall also include all partners and/or owners of the applicant entity. **(Note: Fingerprint cards (CT and FBI) are required for each owner or officer of the applicant entity, and must be filed with this application.)**

TITLE	NAME <small>(Last, First, Middle)</small>	RESIDENCE ADDRESS <small>(No. and Street, Town, State, Zip)</small>	DATE OF BIRTH <small>(Month, Day, Year)</small>

Be sure to inquire to all individuals listed above before answering the following question.

Have any of the above-named individuals been convicted of any crime, felony, misdemeanor, or other offense, including motor vehicle crimes (other than a traffic violation)? NO YES

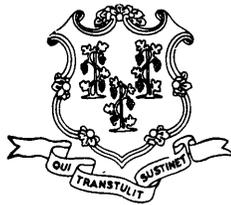
A positive response requires attachment of an explanation, which must include the details of any conviction, such as the date of the conviction, the offense of which convicted, the Court location of conviction and the disposition made by the Court in the case – i.e. 30 days, \$50.00 fine, probation, etc. Failure to provide all details of any conviction may be cause for denial of the registration.

LIST OF SEALED TICKET DISPENSING MACHINE EQUIPMENT

Provide an inventory of all sealed ticket dispensing machine equipment available for purchase or rental in Connecticut. Include the name and model number of each dispensing machine listed, along with a brief description of its functions.

SIGNATURE OF OFFICER OF MANUFACTURER OR EQUIPMENT DEALER		TITLE OF OFFICER		DATE (Mo., Day, Yr.)
Subscribed and sworn to before me	SIGNED (Notary Public/JP/Comm. Superior Court)	TITLE	MY COMMISSION EXPIRES:	DATE (Mo., Day, Yr.)
APPLICATION FOR REGISTRATION IS APPROVED		DATE (Mo., Day, Yr.)		

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



**NOTICE TO APPLICANT
MANUFACTURER OR
EQUIPMENT DEALER**

CGE-17 REV. 07/11

INSTRUCTIONS:

1. Please sign and date this form in the area provided below.
2. Mail form, along with the completed application form, to **165 Capitol Ave., Hartford, CT 06106**.

NOTICE

NEW REGISTRATIONS – CONDITIONAL

The purpose of this notice is to advise that all officers are individually checked for convictions of any crime other than traffic violations.

Failure to truthfully disclose any such convictions may result in denial of the registration.

Similarly, failure to provide all of the details of ANY conviction, such as the date of the conviction, the offense of which convicted, the Court location of conviction and the disposition made by the Court in the case – i.e. 30 days, \$50.00 fine, probation, etc., may also be cause for denial of the registration.

In addition, any falsification or untruthful answer to any other question on the application may result in a denial of the registration.

All new registrations are issued on a CONDITIONAL BASIS ONLY, pending verification that submitted fingerprints reflect no conviction record, no falsification of the application relative to a conviction record, or a conviction record for offenses not deemed to be detrimental to the best interests of the State of Connecticut, Department of Consumer Protection. Such a registration becomes automatically VOID upon disapproval of the application.

Please sign this form where indicated below, and attach it to the application for registration.

I hereby acknowledge that I have read the foregoing notice.

Printed Name of Applicant Officer

Signature of Applicant Officer

Date

**INSTRUCTIONS FOR COMPLETION OF AN APPLICATION FOR
REGISTRATION SEALED TICKET DISPENSING MACHINE EQUIPMENT DEALER (CGE-10)**

1. Print the name of your firm, the complete address (number, street, town, state, zip) of your firm, and a complete mailing address.
2. Do **NOT** fill-in the registration number. The Department assigns a new registration number to each firm annually.
3. Print the telephone number of the firm.
4. Provide your firm's Federal ID Number and CT Sales Tax Number (if applicable).
5. List the title, complete name (last, first, middle), complete home address (number, street, town, state, zip) and complete date of birth (month, day, year) of each owner or officer of the sealed ticket dispensing machine manufacturer or equipment dealer firm.
6. Answer the question regarding whether or not any of the owners/officers of the firm have ever been convicted of any crime, felony, misdemeanor or other offense, including motor vehicle crimes (other than traffic violations). **NOTE:** A positive response to this question requires attachment of an explanation, which must include the details of any conviction, such as the date of the conviction, the offense of which convicted, the Court location of conviction and the disposition made by the Court in the case – i.e. 30 days, \$50.00 fine, probation, etc.
7. Complete the 'List of Sealed Ticket Dispensing Machine Equipment' section. Provide an inventory and description of all sealed ticket dispensing machine equipment available for purchase or rental in Connecticut. Include the name and model number of each dispensing machine listed, along with a brief description of its functions. Additional sheets may be attached, if necessary.

EXAMPLE:

LIST OF SEALED TICKET DISPENSING MACHINE EQUIPMENT		
Grand Master I	3001GM	- 4 column dispensing machine
Grand Master II	3002GM	- 6 column dispensing machine

8. Have the application signed by one of the owners or officers of the firm, print his or her title, and date the form. Please take note that only individuals listed on the application in the section titled 'Owners or Officers of Dispensing Machine Manufacturer or Equipment Dealer' qualify as an owner or officer.
9. The application form must be notarized and dated by an authorized Notary Public. Please be sure that the notary seal and the date the Notary Public's commission expires are used on this document. Applications will not be accepted without this important information.
10. Attach a check, made payable to the **Treasurer, State of Connecticut**. The registration fee for a Sealed Ticket Dispensing Machine Equipment Manufacturer is \$1,250 and the registration fee for a Sealed Ticket Dispensing Machine Equipment Dealer is \$625.00.
11. A Notice to Applicant Manufacturer or Equipment Dealer (CE-17) form must be submitted along with the CGE-10 application form. The applicant officer must print and sign his/her name and date the form in the designated areas.
12. Submit the completed application forms, along with the registration fee and any additional sheets of information, to the Department of Consumer Protection for approval. If you have any questions pertaining to completion of the application forms, please do not hesitate to contact us at (860) 713-6140.