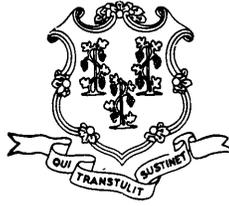


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 License Services/Charitable Games
 165 Capitol Avenue
 Hartford, CT 06106
 Email: DCP.GamingCharitable@CT.gov
 Web site: www.ct.gov/dcp



APPLICATION TO AMEND REGISTRATION
 SEALED TICKET
 EQUIPMENT DEALER

CGE-14 REV. 07/11

INSTRUCTIONS:

1. Print or type.
2. Have the application notarized.
3. The completed form must be mailed to the Department of Consumer Protection, **165 Capitol Ave., Hartford, CT 06106.**

No Sealed Ticket Equipment Dealer Registration Certificate issued may be amended except upon application through use of this form.

TO: DEPARTMENT OF CONSUMER PROTECTION

AMENDMENT TO THE REGISTRATION

NAME OF EQUIPMENT DEALER				REGISTRATION NUMBER	
ADDRESS OF EQUIPMENT DEALER <i>(No. and Street)</i>	<i>(City or Town)</i>	<i>(State)</i>	<i>(Zip Code)</i>	TELEPHONE NUMBER ()	
LOCATION OF PRINCIPAL PLACE OF BUSINESS <i>(No. and Street)</i>	<i>(City or Town)</i>	<i>(State)</i>	<i>(Zip Code)</i>		

Application is made to amend the registration as follows:

SIGNATURE <i>(Equipment Dealer)</i>		TITLE <i>(Equipment Dealer)</i>		DATE <i>(Mo., Day, Yr.)</i>	
Subscribed and sworn to before me.	SIGNED <i>(Notary Public)</i>		My Commission Expires:	DATE <i>(Mo., Day, Yr.)</i>	
<input type="checkbox"/> AMENDMENT DISAPPROVED			<input type="checkbox"/> MAY REMAIN IN FULL FORCE AND EFFECT IN ACCORDANCE WITH CHANGE(S) SET FORTH ABOVE		DATE <i>(Mo., Day, Yr.)</i>

**INSTRUCTIONS FOR COMPLETION OF AN APPLICATION TO AMEND
REGISTRATION UGCNGF VÆMGV EQUIPMENT DEALER**

1. Provide the complete registration number assigned to your business by the Department of Consumer Protection.
2. Print or type the name of your business, the complete address (**number, street, city/town, state, zip code**) of your business, and the complete address of the location of the principal place of business.
3. Print the telephone number of your business.
4. Clearly document the information to be amended in the ‘Application is made to amend the registration as follows’ section. All relevant information should be included as part of the details of the amendment, and any pertinent documents must be attached. (**NOTE:** When completing this section, the information contained on the original document(s) that will be amended should be reviewed in order to ensure that all relevant details are provided.)
5. The application form must be signed and dated by one of the owners or officers of the business, and he/she must print his/her title, in the space provided. (**NOTE:** Only individuals listed in the ‘Qy pgtu"qt"Qhlegtu"qh"F kur gpulpi "O cej kpg"O cpwlcwgt"qt" Gs wkr o gpvF gcrgt’ section on the original Application for Registration Ugcrgf "VlengvF kur gpulpi O cej kpg"Gs wkr o gpvF gcrgt" *EI G/32+" or any subsequent amendments, qualify as ranking officers.)
6. 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.
7. Upon completion of the application, submit all copies of the form, as well as any attachments, to the Department of Consumer Protection for approval.
8. If you have any questions pertaining to the completion of the application form, please do not hesitate to contact the Department at (860) 713-6140.