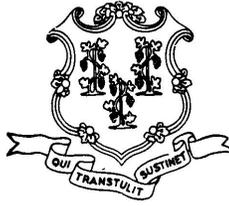


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 License Services/Charitable Games
 165 Capitol Avenue
 Hartford, CT 06106
 Email: DGP.GamingCharitable@CT.gov
 Web site: www.ct.gov/dcp



**APPLICATION TO AMEND REGISTRATION
 SEALED TICKET GAME PRODUCTS
 DISTRIBUTOR OR MANUFACTURER**

CGE-20 NEW 06/12

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 Game Products Distributor or Manufacturer 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 SEALED TICKET GAME PRODUCTS DISTRIBUTOR OR MANUFACTURER			REGISTRATION NUMBER	
ADDRESS OF DISTRIBUTOR OR MANUFACTURER <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 (Distributor or Manufacturer)	TITLE (Distributor or Manufacturer)	DATE (Mo., Day, Yr.)
APPLICATION TO AMEND IS APPROVED		DATE (Mo., Day, Yr.)