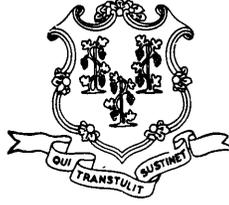


STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 @WbgYGfj JWg/ Charitable Games  
 %) `7Ud]hc` `5j Ybi Y`  
 < UfhZcfX, CT 061\$\*  
 Email: [DCP.GamingCharitable@CT.gov](mailto:DCP.GamingCharitable@CT.gov)  
 Web site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



**APPLICATION TO AMEND  
 SEALED TICKETS**

CGS-5 REV. 06/11

**INSTRUCTIONS:**

1. Print or type and have the application notarized.
2. The completed form must be mailed to the Division of Special Revenue, %) `7Ud]hc` `5j Y`z < UfhZcfX, CT 061\$\* "

No Sealed Ticket Permit to Sell (Organization) and no Permit to Sell (Individual) issued under the Connecticut General Statutes, or Administrative Regulations issued pursuant thereto, may be amended except upon application through use of this form.

|                                                 |                                                                      |
|-------------------------------------------------|----------------------------------------------------------------------|
| <b>TO: DEPARTMENT OF CONSUMER PROTECTION</b>    | IDENTIFICATION NUMBER <i>(To be assigned by Consumer Protection)</i> |
| NAME OF SPONSORING ORGANIZATION                 |                                                                      |
| TELEPHONE NUMBER                                |                                                                      |
| ADDRESS OF ORGANIZATION <i>(No. and Street)</i> | <i>(City or Town)</i>                                                |
|                                                 | <i>(State)</i>                                                       |
|                                                 | <i>(Zip Code)</i>                                                    |

APPLICATION IS MADE TO:

*(Check all that apply)*

Amend the sealed ticket permit

|               |
|---------------|
| PERMIT NUMBER |
|---------------|

Amend the individual permit to sell (ISP)

|                                |
|--------------------------------|
| INDIVIDUAL SALES PERMIT NUMBER |
|--------------------------------|

Please provide the details of the proposed amendment(s):

|                                                |                                                                                                           |                             |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------|
| PRINTED NAME of person preparing this form     | SIGNED <i>(Person preparing form)</i>                                                                     | TELEPHONE NUMBER            |
| SIGNED <i>(Organization Ranking Officer)</i>   | TITLE of Ranking Officer                                                                                  | 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 |                             |