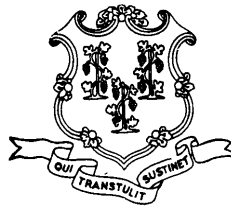


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 License Services/Charitable Games
 165 Capitol Avenue
 Hartford, CT 06106
 Email: DCP.GamingCharitable@CT.gov
 Web site: www.ct.gov/dcp



**APPLICATION FOR PERMIT TO
 SELL SEALED TICKETS
 (INDIVIDUAL)**

CGS-2 REV. 06/11

INSTRUCTIONS:

1. Print or type.
2. Complete and attach form CGB/S-2A.
3. Mail application forms to **165 Capitol Ave., Hartford, CT 06106**.
4. The Department of Consumer Protection will assign an Individual Sales Permit Number (I.S.P.) upon approval.

TO: DEPARTMENT OF CONSUMER PROTECTION	I.S.P. (To be assigned by Consumer Protection)
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NAME OF APPLICANT (Last) (First) (Middle)	SOCIAL SECURITY NUMBER
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ADDRESS OF APPLICANT (No. and Street) (City or Town) (State) (Zip Code)	TELEPHONE NUMBER
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HOW LONG AT PRESENT ADDRESS?	PREVIOUS ADDRESS (No. and Street) (City or Town) (State) (Zip Code)
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DATE OF BIRTH (Mo.) (Day) (Yr.)	PLACE OF BIRTH	SEX M <input type="checkbox"/> F <input type="checkbox"/>	HEIGHT	WEIGHT
---------------------------------	----------------	--	--------	--------

Have you **EVER** been convicted of any crime, felony, misdemeanor, disorderly persons offense or other offense other than a traffic violation? YES NO

IF "YES", GIVE DETAILS:

ORGANIZATION REPRESENTED (Name)	(No. and Street)	(City or Town)	(State)	(Zip Code)
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ORGANIZATION'S IDENTIFICATION NUMBER	HOW LONG HAVE YOU BEEN A BONAFIDE MEMBER OR WORKER OF ORGANIZATION? Please specify in terms of years or months.
	YEARS MONTHS

Have you ever applied for an I.S.P. to sell sealed tickets for any other organization? YES NO

IF "YES", GIVE DETAILS: (Organization Name) (No. and Street) (City or Town) (State) (Zip Code)	ASSIGNED I.S.P.
--	-----------------

APPLICANT'S SIGNATURE (Please sign with blue or black ink only)	DATE (Mo., Day, Yr.)
---	----------------------

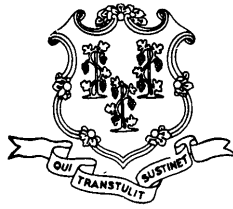
I hereby certify that the above named applicant is a bonafide member of the represented organization.

SIGNATURE OF ORGANIZATION RANKING OFFICER (Note: The applicant may not sign as an officer)	DATE (Mo., Day, Yr.)
--	----------------------

DO NOT WRITE BELOW THIS LINE

APPLICATION FOR I.S.P. IS APPROVED	DATE (Mo., Day, Yr.)
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License Services/Charitable Games
165 Capitol Avenue
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**NOTICE AND STATEMENT
OF APPLICANT**

CGB/S-2A REV. 06/11

INSTRUCTIONS:

1. Please sign this form in the two areas provided below.
2. Mail form, along with a complete CGB-2 or CGS-2 form, to **165 Capitol Ave., Hartford, CT 06106.**

NOTICE

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

Your failure to truthfully disclose any such convictions, either for yourself or your spouse may result in the denial of your application for registrations/permits.

Similarly, your failure to provide all of the details of ANY conviction, such as the date of the conviction, the offense of which you were convicted, the court location where you were convicted and the disposition made by the court in your case – i.e., 30 days - \$50.00 fine, probation, etc. will also be cause for denial of the registration/permit.

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

Please sign this form where indicated below.

I hereby acknowledge that I have read the foregoing notice.

Printed Name of Applicant

Signature of Applicant

Date

STATEMENT OF APPLICANT

BY THE ACCEPTANCE OF ANY REGISTRATION/PERMIT issued pursuant to this application:

I agree to abide by the applicable Regulations of the Connecticut Department of Consumer Protection.

I HEREBY CERTIFY that I have read the foregoing application and affirm that every statement contained therein is TRUE, COMPLETE AND CORRECT. I understand that if I misstate or omit any fact, I am subject to the penalties provided by law and by the above-mentioned applicable regulations.

I HEREBY AUTHORIZE the Connecticut Department of Consumer Protection to investigate any and all records concerning my background, including – but not limited to – any criminal convictions. I FULLY UNDERSTAND the preceding WAIVER.

Printed Name of Applicant

Signature of Applicant

Date

**INSTRUCTIONS FOR COMPLETION OF AN APPLICATION FOR PERMIT TO SELL
SEALED TICKETS (INDIVIDUAL)**

1. **Do NOT fill-in an Individual Sales Permit Number.** The Department will assign the individual sales permit number to the applicant.
2. Print or type the complete name (last, first, middle) and **home** address (**number, street, town, state, zip**) of the applicant. **NOTE:** Please do not provide a post office box as it does not represent a home address, and is, therefore, considered unacceptable.
3. **Clearly** provide the applicant's Social Security Number. Please ensure all nine (9) digits are provided.
4. Print the telephone number of the applicant.
5. Answer the question, "How long at present address?" (specify the length of time in months or years), and provide complete information (**number, street, town, state, zip**) regarding the applicant's previous address, if any.
6. **Clearly** provide the complete date of birth (month, day, year) of the applicant. **NOTE:** An applicant must be at least eighteen (18) years of age, however, a minor at least sixteen years of age may apply for an I.S.P. provided a note, which has been signed by the minor's parent(s) or legal guardian(s), is attached to the application stating he/she has permission to volunteer to sell sealed tickets.
7. Provide the applicant's place of birth (town and state), sex (male or female), height and weight.
8. Answer the question, "Have you **EVER** been convicted of any crime, felony, misdemeanor, disorderly persons offense or other offense other than a traffic violation?"
9. If the applicant answered "yes" to the previous question, the details of such crime, felony, misdemeanor, disorderly persons offense or other offense (other than a traffic violation) must be provided in the designated area on the form.
10. Provide the complete name of the sponsoring organization (**as it is printed on the organization's approved permit certificate**), and its complete address (**number, street, town, state, zip**).
11. Provide the seven (7) digit identification number assigned to the sponsoring organization.
12. Answer the question, "How long have you been a bona-fide member or worker of organization?" (specify the length of time in years and/or months). **NOTE:** An applicant must have been a bona-fide member or worker of the sponsoring organization for a period of at least six (6) months prior to submitting an application for an individual sales permit number.

Instructions/Completion Of Application For I.S.P.

13. Answer the question, “Have you ever applied for an I.S.P. to sell sealed tickets for any other organization?”.
14. If the applicant answered “yes” to the previous question, the complete name of the sponsoring organization, complete address (**number, street, town, state, zip**), and the I.S.P. which was previously assigned to the applicant must be provided.
15. The applicant must sign and date the application (in blue or black ink only), in the space provided.
16. An individual who is listed as an officer of the sponsoring organization on the organization’s approved application for a permit must sign and date the application as a ranking officer. **NOTE:** The applicant may not sign his/her own application as an officer.
17. A Notice and Statement of Applicant (CGB/S-2 A) form must be submitted along with the application form. The applicant must print and sign his/her name and date the form in the two designated areas.
18. Submit the application and the Notice and Statement of Applicant (fully intact) to the Department of Consumer Protection, Charitable Games, 165 Capitol Ave., Hartford, CT 06106 for consideration of approval and issuance of an individual sales permit number.
19. If you have any questions pertaining to the completion of the application, please do not hesitate to contact us at (860) 713-6140.