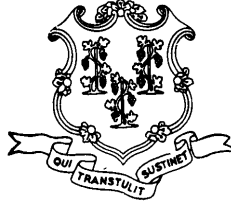


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 @WbgYGfj JWg/ Charitable Games
 %) '7Ud]rc`'5j Ybi Y
 < UfhZcfX, CT 061\$*
 Email: DCP.GamingCharitable@CT.gov
 Web site: www.ct.gov/dcp



APPLICATION TO AMEND
 SEALED TICKETS
 CGS-5 REV. 04/16

INSTRUCTIONS:

1. Print or type and have the application notarized.
2. The completed form must be mailed to the Department of Consumer Protection, %) '7Ud]rc`'5j Ybi Y < 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.

TO: DEPARTMENT OF CONSUMER PROTECTION	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	