STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
@|WbgYCMfj |Wg/ Charitable Games
450 Columbus Blvd, Ste. 801
< Ufficity, CT 061\$3

 $Email: \underline{DCP.GamingCharitable@CT.gov}$

NAME OF MANUFACTURER OR EQUIPMENT DEALER

Web site: www.ct.gov/dcp



APPLICATION FOR REGISTRATION SEALED TICKET DISPENSING MACHINE EQUIPMENT DEALER

REGISTRATION NUMBER (To be assigned by D.C.P.)

CGE-10 REV 2/17

INSTRUCTIONS:

- 1. Owners/Officers of Manufacturer or Equipment Dealer must complete this form and, if necessary, use additional sheets. Have application notarized.
- 2. Fingerprint cards must be taken to the nearest law enforcement agency for fingerprinting. Ensure the agency does NOT use a fingerprint pad, as this device is unacceptable. Fingerprints must be CAREFULLY taken through use of ink and roller. Fingerprint cards may also be taken to the Department of Consumer Protection for automated fingerprinting, at no charge, by appointment only.
- 3. The registration fee for Equipment Dealers is \$625.00, and the registration fee for Equipment Manufacturers is \$1,250.00. The completed form must be mailed, along with a check payable to the **Treasurer of the State of Connecticut**, to the Department of Consumer Protection, 450 Columbus Blvd, Ste 801, Hartford, CT 06103

ADDRESS OF MANUFACTI	JRER OR EQUIPMENT DEA	LER (No. and Street)		(City or Tow	vn)	(State) (Zip Code)		
MAILING ADDRESS (No. and Street)			(City or Town)		(State) (Zip Code)			
m/uziito /LDB/t200 (//o	. una Garooty			(City of Tollin)		(Suite	(2.6 6646)		
TELEPHONE NUMBER	TELEPHONE NUMBER FEDERAL ID NUMBER			ст		T SALES TAX NUMBER			
()									
OWNERS OR OFFICERS OF DISPENSING MACHINE MANUFACTURER OR EQUIPMENT DEALER									
Complete the following information for each owner or officer of the applicant entity. For the purposes of this section, officers shall be deemed to be all persons serving as President, Vice-President, Secretary, Treasurer, Chairman of the Board or any such other officers as may be prescribed by the corporation by-laws, partnership agreement or any other pertinent documents relative to the applicant entity. In cases where the applicant entity is other than a corporation, the term "officer" shall also include all partners and/or owners of the applicant entity. (Note: Fingerprint cards (CT and FBI) are required for each owner or officer of the applicant entity, and must be filed with this application.)									
TITLE		IAME		RESIDENC			DATE OF BIRTH		
	(Last,	First, M	liddle)	(No. and Street,	Town,	State, Zip)	(Month, Day, Year)		
Be sure to inquire to all individuals listed above before answering the following question. Have any of the above-named individuals been convicted of any crime, felony, misdemeanor, or other offense, including motor vehicle crimes (other than a traffic violation)? A positive response requires attachment of an explanation, which must include the details of any conviction, such as the date of the conviction, the offense of which convicted, the Court location of conviction and the disposition made by the Court in the									
case - i.e. 30 days, \$50.00 fine, probation, etc. Failure to provide all details of any conviction may be cause for denial of the registration.									
LIST OF SEALED TICKET DISPENSING MACHINE EQUIPMENT									
Provide an inventory of all sealed ticket dispensing machine equipment available for purchase or rental in Connecticut. Include the name and model number of each dispensing machine listed, along with a brief description of its functions.									
name and meder named or each dispersong machine nated, along with a brief description of its functions.									
SIGNATURE OF OFFICER OF MANUFACTURER OR EQUIPMENT DEALER			TITLI	E OF OFFICER			DATE (Mo., Day, Yr.)		
Subscribed and sworn to before me	NED (Notary Public/JP/Com	nm. Superior Court)	TITLI	E		COMMISSION IRES:	DATE (Mo., Day, Yr.)		
APPLICATION FOR REGISTRATION IS APPROVED			DAT	DATE (Mo., Day, Yr.)					
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STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION

License Services / Charitable Games 450 Columbus Blvd, Ste. 801

Hartford, CT 06103

Email: <u>DCP.GamingCharitable@CT.gov</u>

Web site: www.ct.gov/dcp



NOTICE TO APPLICANT MANUFACTURER OR EQUIPMENT DEALER

CGE-17 REV. 2/17

INSTRUCTIONS:

- 1. Please sign and date this form in the area provided below.
- 2. Mail form, along with the completed application form, to Department of Consumer Protection, 450 Columbus Blvd, Ste. 801, Hartford, CT 06103

NOTICE

NEW REGISTRATIONS - CONDITIONAL

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

Failure to truthfully disclose any such convictions may result in denial of the registration.

Similarly, failure to provide <u>all</u> of the details of ANY conviction, such as the date of the conviction, the offense of which convicted, the Court location of conviction and the disposition made by the Court in the case – i.e. 30 d ays, \$50.00 fine, probation, etc., may also be cause for denial of the registration.

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

All new registrations are issued on a <u>CONDITIONAL BASIS ONLY</u>, pending verification that submitted fingerprints reflect no conviction record, no falsification of the application relative to a conviction record, or a conviction record for offenses not deemed to be detrimental to the b est interests of the State of Connecticut, Department of Consumer Protection. Such a registration becomes automatically <u>VOID</u> upon disapproval of the application.

Please sign this form where indicated below, and attach it to the application for registration.

I hereby acknowledge that I have read	the foregoing notice.	
Printed Name of Applicant Officer	Signature of Applicant Officer	Date