

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

CGS-2 REV. 2/17

**INSTRUCTIONS:**

1. Print or type.
2. Complete and attach form CGB/S-2A.
3. Mail application forms to **Department of Consumer Protection, 450 Columbus Blvd, Ste. 801, Hartford, CT 06103.**
4. The Department of Consumer Protection will assign an Individual Sales Permit Number (I.S.P.) upon approval.

<b>TO: DEPARTMENT OF CONSUMER PROTECTION</b>	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
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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.
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APPLICANT'S SIGNATURE (Please sign with blue or black ink only)	DATE (Mo., Day, Yr.)
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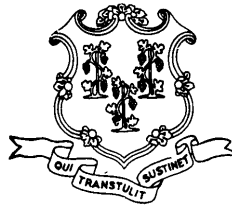
I hereby certify that the above named applicant is a bonafide member of the represented organization.

SIGNATURE OF ORGANIZATION RANKING OFFICER (Note: The applicant may not sign as an officer)	DATE (Mo., Day, Yr.)
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**DO NOT WRITE BELOW THIS LINE**

<b>APPLICATION FOR I.S.P. IS APPROVED</b>	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: [DCP.GamingCharitable@CT.gov](mailto:DCP.GamingCharitable@CT.gov)  
Web site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



## NOTICE AND STATEMENT OF APPLICANT

CGB/S-2A REV. 2/17

### **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 **Department of Consumer Protection, 450 Columbus Blvd, Ste. 801, Hartford, CT 06103**

### 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*