



INSTRUCTIONS:

1. Print or type and, if necessary, use additional sheets. Have application notarized.
2. The completed form must be mailed to **450 Columbus Blvd, Ste. 801, Hartford, CT 06103.**

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

APPLICANT'S PRIMARY ACTIVITY (Check only ONE)

- | | | | |
|--|---|---------------------------------------|--|
| 1. <input type="checkbox"/> Volunteer Fire Dept. | 3. <input type="checkbox"/> Educational | 5. <input type="checkbox"/> Veterans | 7. <input type="checkbox"/> Charitable |
| 2. <input type="checkbox"/> Civic | 4. <input type="checkbox"/> Fraternal | 6. <input type="checkbox"/> Religious | 8. <input type="checkbox"/> Grange |

OFFICERS OF THE ORGANIZATION

NAME <i>(Last, First, Middle)</i>	TITLE	NAME <i>(Last, First, Middle)</i>	TITLE
1.		3.	
2.		4.	

ORGANIZATION MEMBERS WHO ARE HOLDERS OF INDIVIDUAL SALES PERMIT NUMBERS

(Designate, With An Asterisk, The Name Of One Individual As Member-In-Charge)

NAME <i>(Last, First, Middle)</i>	I.S.P.	NAME <i>(Last, First, Middle)</i>	I.S.P.
1.		5.	
2.		6.	
3.		7.	
4.		8.	

MEMBER IN CHARGE: Is the Member in Charge a bonafide, active member of the organization and a member in good standing for at least six months? YES NO

Check Type of Sealed Ticket Permit Applied for and Indicate Dates and Times:

In conjunction with a CLASS C Bingo Permit *(One day each month from issue date to 9/30) (Fee: \$50.00)*

OCT ___/___/___	FROM: ___ am TO: ___ am	APR ___/___/___	FROM: ___ am TO: ___ am
NOV ___/___/___	FROM: ___ pm TO: ___ pm	MAY ___/___/___	FROM: ___ pm TO: ___ pm
DEC ___/___/___	FROM: ___ am TO: ___ am	JUN ___/___/___	FROM: ___ am TO: ___ am
JAN ___/___/___	FROM: ___ pm TO: ___ pm	JUL ___/___/___	FROM: ___ pm TO: ___ pm
FEB ___/___/___	FROM: ___ am TO: ___ am	AUG ___/___/___	FROM: ___ am TO: ___ am
MAR ___/___/___	FROM: ___ pm TO: ___ pm	SEP ___/___/___	FROM: ___ pm TO: ___ pm

ADDRESS WHERE SEALED TICKETS WILL BE SOLD <i>(No. and Street)</i>				<i>(City or Town)</i>	<i>(State)</i>	<i>(Zip Code)</i>	MAXIMUM SEATING CAPACITY ACCORDING TO LAW: RENTING/LEASING? <input type="checkbox"/> YES <input type="checkbox"/> NO
WHO OWNS THESE PREMISES? <i>(Name)</i>		<i>(No. and Street)</i>		<i>(City or Town)</i>	<i>(State)</i>	<i>(Zip Code)</i>	

I, the undersigned ranking officer of subject organization, do hereby state that all Sealed Tickets sold by subject organization under this permit will be conducted in compliance with the Connecticut General Statutes and with all Administrative Regulations concerning Sealed Tickets.

SIGNED *(Ranking Officer)*

DATE *(Mo., Day, Yr.)*

Personally appeared the signer of the foregoing statement and made oath before me to the truth of matters contained therein.

SIGNED *(Notary Public)*

DATE *(Mo., Day, Yr.)*

MY COMMISSION EXPIRES:

Application for Sealed Ticket Permit is approved

DATE *(Mo., Day, Yr.)*