



**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.**

<b>TO: DEPARTMENT OF CONSUMER PROTECTION</b>			PERMIT NUMBER (To be assigned by Consumer Protection)		
NAME OF ORGANIZATION			IDENTIFICATION NUMBER		
ADDRESS OF ORGANIZATION (No. and Street)		(City or Town)	(State)	(Zip Code)	DATE ORGANIZED
MAILING ADDRESS (No. and Street)		(City or Town)	(State)	(Zip Code)	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 (Last, First, Middle)	TITLE	NAME (Last, First, Middle)	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 (Last, First, Middle)	I.S.P.	NAME (Last, First, Middle)	I.S.P.
1.		5.	
2.		6.	
3.		7.	

**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:**

In conjunction with a Class A Bingo Permit (Fee: \$50.00) DAY OF WEEK: \_\_\_\_\_ TIME: \_\_\_\_\_ TO: \_\_\_\_\_

In conjunction with a CLASS B Bingo Permit (Max. of ten successive days) (Fee: \$5.00 per day) DATE: \_\_\_\_\_ TO: \_\_\_\_\_ TIME: \_\_\_\_\_ TO: \_\_\_\_\_

With a Chapter 545 Club Permit or Nonprofit Club Permit (Fee: \$75.00) Liquor License No. \_\_\_\_\_

Special Events Permit (Fee: \$50.00)

In conjunction with a Bazaar Permit (Max. of ten successive days) (Fee: \$5.00 per day) DATE: \_\_\_\_\_ TO: \_\_\_\_\_ TIME: \_\_\_\_\_ TO: \_\_\_\_\_

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

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.)