

INSTRUCTIONS:

1. Print or type and, if necessary, use additional sheets. Have application notarized.
2. The completed form must be mailed to **165 Capitol Ave., Hartford, CT 06106.**

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) (Zip Code)</i>
MAILING ADDRESS <i>(No. and Street)</i>		<i>(City or Town)</i>	<i>(State) (Zip Code)</i>
		DATE ORGANIZED	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, 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)*

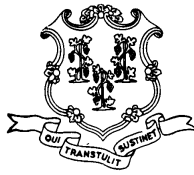
DATE *(Mo., Day, Yr.)*

MY COMMISSION EXPIRES:

Application for Sealed Ticket Permit is approved

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

STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 @WbgYGfj JWg/ Charitable Games
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 < UHxfX, CT 06%
 Email: DCP.GamingCharitable@CT.gov
 Web site: www.ct.gov/dcp



SEALED TICKET APPLICATION
 SUPPLEMENTAL FORM
 CGS-4C REV. 06/11

INSTRUCTIONS:

1. Print or type, and attach all required material.
2. The completed form must be mailed to **165 Capitol Ave. Hartford, CT, 06106.**

TO: DEPARTMENT OF CONSUMER PROTECTION	IDENTIFICATION NUMBER
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MEMBER IN CHARGE

Name (please print): _____

Home telephone number: _____

Work telephone number: _____

I, the undersigned Member In Charge of the subject organization, do hereby state that I have read the Connecticut General Statutes governing Sealed Tickets and the Administrative Regulations, Distribution And Sale Of Sealed Tickets, and that I will be responsible for the holding, operation and conduct of all Sealed Ticket sales in accordance with the terms of the permit, and the provisions of the Sealed Ticket law and the administrative regulations governing Sealed Tickets.

 SIGNED (*Member In Charge*)

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

SEALED TICKET SALES

Provide the time the doors open to the public: _____

Provide the time the sale of sealed tickets begins: _____

SPECIAL SEALED TICKET BANK ACCOUNT

Account number: _____

Attach a voided (not cancelled) check from the special sealed ticket bank account in the space provided below:

Special Sealed Ticket Bank Account I.D. #1700005 St. John's Church – Men's Club 263 Cedar Mountain Road, Anytown, CT 06000	Weekly	51-3999 3402	1055
PAY TO THE ORDER OF: _____		DATE: _____	
_____		\$ _____	
_____		_____ DOLLARS	
THE FIRST NATIONAL BANK		SIGNED _____	
MEMO _____			
:340239991 :10 0013718900 ' 1055			

**INSTRUCTIONS FOR COMPLETION OF AN APPLICATION FOR PERMIT TO SELL
SEALED TICKETS – ORGANIZATION **MONTHLY****

1. Do **NOT** fill-in a permit number . The Department assigns a new permit number to each organization annually.
2. Print or type the name of the sponsoring organization, the complete organization address (**number, street, town, state, zip code**), and a complete mailing address. If renewing a permit, please use **exactly the same organization name** given on the previous application.
3. List the seven (7) digit organization Identification Number previously assigned by the Department.
4. Provide the complete date (month, day, year) the organization was organized.
5. Print the telephone number of the sponsoring organization.
6. Check the box that best describes your organization’s primary activity. **Please mark only one box.**
7. List the complete name (last, first, middle) and the title of each officer of the sponsoring organization. An additional sheet may be attached, if necessary.
8. List the complete name (last, first, middle) and Individual Sales Permit Number of **all members** of the sponsoring organization assigned to assist in the sale of sealed tickets. Additional sheets may be attached, if necessary. **Please Note: Members who desire to apply for and receive an Individual Sales Permit Number should submit an individual application along with this application form, and should also be listed under the section titled Holders of Individual Sales Permit Numbers. A notation must be made beside their name that an Application for Permit to Sell Sealed Tickets – Individual (CGS-2) form is also attached and submitted for approval.**
9. Designate only **ONE individual** as Member In Charge of the sale of sealed tickets. **In order to designate the Member In Charge, an asterisk (*) must be placed beside the name of one of the individuals listed in the section titled Holders of Individual Sales Permit Numbers.** Please take note that the designated Member In Charge must have previously applied for and received an Individual Sales Permit Number for the organization that he/she will be the Member In Charge of, or an Application for Permit to Sell Sealed Tickets – Individual (CGS-2) form and a Notice and Statement of Applicant (CGB/S-2A) form must be submitted for this individual along with this application form.
10. Answer the question in regard to the Member In Charge by indicating whether or not the Member In Charge is a bona-fide, active member of the organization and has been a member in good standing for at least six months.

**Instructions for Completion of an Application for Permit to Sell Sealed Tickets – Org.
MONTHLY**

11. Check the type of permit for which your organization is applying.
 - a) In conjunction with a ‘Class C’ bingo permit – tickets may be sold one day per month during the hours of the bingo sessions for the current operating year (January 1 through December 31).

When applying for a sealed ticket permit in conjunction with a ‘Class C’ bingo permit, the complete date (month, day, year) the tickets will be sold each month must be provided along with the commencing time and the terminating time (including a.m. or p.m.) of the ticket sales.

12. Print the complete address (**number, street, town, state, zip code**) of the location where sealed tickets will be sold, and indicate who owns the premises by providing the complete name and address (**name, number, street, town, state, zip code**).
13. Print the maximum seating capacity according to law, and answer the question in regard to renting or leasing the premises where sealed tickets are to be sold.
14. Have the application signed and dated by one of the ranking officers of the organization. **Please take note that only individuals listed on the application in the section titled Officers Of The Organization qualify as ranking officers.**
15. The application form must be signed and dated by an authorized Notary Public. Please be sure that the notary seal and/or the date the Notary Public’s commission expires are used on this document. Applications will not be accepted without this important information.
16. **Attach a check, made payable to the Treasurer State of Connecticut, for the appropriate permit fee. Please take note that checks must be drawn from the sponsoring organization’s “Special Sealed Ticket Bank Account” when applying for a “sealed ticket permit in conjunction with a ‘Class C’ bingo permit”.**
 - a) In conjunction with a ‘Class C’ bingo permit – fee **\$50.00**

**Instructions for Completion of an Application for Permit to Sell Sealed Tickets – Org.
MONTHLY**

**INSTRUCTIONS FOR COMPLETION OF THE SEALED TICKET APPLICATION
SUPPLEMENTAL FORM**

1. Print the seven (7) digit organization Identification Number previously assigned by the Department.
2. Clearly print the complete name (first, middle, last) of the designated Member In Charge, and provide a home and work telephone number where we may reach this individual, if necessary.
3. The designated Member In Charge must sign his/her name and date the form in the space provided in order to signify that he/she has read the Sealed Ticket law and the administrative regulations governing Sealed Tickets, and understands he/she will be responsible for the sale of Sealed Tickets in accordance with the terms of the permit and the provisions of the Sealed Ticket law and administrative regulations.
4. Provide the time (including am or pm) the doors open to the public.
5. Provide the time (including am or pm) the sale of sealed tickets begins.
6. Provide the complete checking account number of the sponsoring organization's "Special Sealed Ticket Bank Account", when applying for a sealed ticket permit in conjunction with a 'Class A' or 'Class C' bingo permit, with a Chapter 545 Club or Nonprofit Club permit, or for a 'Special Events' sealed ticket permit.
7. In the space provided, staple a **voided** (not cancelled) check from the sponsoring organization's "**Special Sealed Ticket Bank Account**", when applying for a sealed ticket permit in conjunction with a 'Class A' or 'Class C' bingo permit, with a Chapter 545 Club or Nonprofit Club permit, or for a Special Events sealed ticket permit.

If you have any questions pertaining to the completion of the Application for Permit to Sell Sealed Tickets – Organization, or Sealed Ticket Application Supplemental Form, please do not hesitate to contact us at (860) 713-6140.