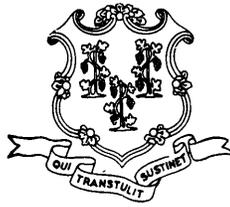


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 License Services/Charitable Games
 165 Capitol Avenue
 Hartford, CT 06106
 Email: DCP.GamingCharitable@ct.gov
 Web site: www.ct.gov/dcp



**APPLICATION FOR BINGO
 REGISTRATION**

CGB-1 REV. 06/11

INSTRUCTIONS:

- The completed application must be submitted to the office of the local Chief of Police or First Selectman, which must conduct an investigation and make a recommendation regarding issuance of a registration and an Identification Number.
- The application must be mailed, **along with any attachments**, to the Department of Consumer Protection, **165 Capitol Ave., Hartford, CT 06106**

TO: DEPARTMENT OF CONSUMER PROTECTION	IDENTIFICATION NO. (To be assigned by Consumer Protection)
NAME OF ORGANIZATION	TELEPHONE NUMBER
STREET ADDRESS (No. and Street)	(City or Town) (State) (Zip Code)

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 |

Is the applicant a bonafide nonprofit organization
 Has it had legal local existence of not less than two years?
 YES NO YES NO **If yes, attach a copy of the determination letter from the IRS confirming the organization's exempt status.**

Under which section of the Tax Exempt Status Code of the IRS is this organization recognized?	What is the sponsoring organization's IRS Employer Identification Number?
Is the organization incorporated? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF INCORPORATION

PRINTED NAME of Ranking Officer	SIGNED (Ranking Officer)	DATE (Mo., Day, Yr.)
ADDRESS (No. and Street)	(City or Town) (State)	(Zip Code)

OATH

Personally appeared the signer of the foregoing statement and made oath before me to the matter contained herein.

SIGNED (Notary Public)	DATE (Mo., Day, Yr.)	MY COMMISSION EXPIRES:
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ATTEST

To the best of my knowledge and belief, information contained in this application is:

- True and correct and subject organization qualifies for and **SHOULD** be issued a registration and an Identification Number.
- Not true or correct and subject organization **SHOULD NOT** be issued a registration and an Identification Number.

COMMENTS

SIGNED (Chief of Police or First Selectman)	DATE (Mo., Day, Yr.)
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THIS IS NOT A PERMIT TO CONDUCT BINGO! This registration is approved for issuance pursuant to Sec. 7-169a, C.G.S., as recommended by the Chief of Police/First Selectman as to the applicant's qualifications.

Application for Registration is approved	DATE (Mo., Day, Yr.)
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