## **APPLICATION FOR REGISTRATION AMUSEMENT AND RECREATION BINGO**

## INSTRUCTIONS: 1. Print or type. 2. Mail application to:

- 3. An Identification Number will be issued upon approval.

	IDENTIFICATION NUMBER (To be assigned	1
TO:	IDENTIFICATION NOMBER (10 be assigned	)
NAME OF ORGANIZATION		TELEPHONE NUMBER
STREET ADDRESS (No. and Street)	(City or Town) (S	State) (Zip Code)
MAILING ADDRESS (Name) (No. and Street)	(City or Town)	(State) (Zip Code)
Does your organization consist of members sixty (60) years of age or older?		
INDICATE DAY(S) OF WEEK AND HOURS OF BINGO OPERA	ATION	
1 SUNDAY From:pm To:pm	5 THURSDAY From	am am ::pm To:pm
2 MONDAY From:pm To:pm	6 FRIDAY From	am am ::pm To:pm
3 TUESDAY From:pm To:pm	7 SATURDAY From	am am ::pm To:pm
4 WEDNESDAY From:pm To:pm		
ADDRESS WHERE BINGO WILL BE PLAYED (No. and Street)	(City or Town)	(State) (Zip Code)
I, the undersigned ranking officer of subject organization, do herek	SIGNED (Ranking	·
all Bingo sessions operated by subject organization under this reg be conducted in compliance with Connecticut General Statutes and Administrative Regulations concerning Amusement and Recreation	istration will PRINTED NAME of d with all	
OATH		
Personally appeared the signer of the foregoing statement and made oath before me to the matter contained herein.		
SIGNED (Notary Public)	MY COMMISSION EX	PIRES: DATE (Mo., Day, Yr.)
ATTEST		
To the best of my knowledge and belief, information contained in this application is:		
True and correct and subject organization qualifies for and <b>SHOULD</b> be issued a registration and an Identification Number.		
Not true or correct and subject organization <b>SHOULD NOT</b> be issued a registration and an Identification Number.		
COMMENTS		
SIGNED (Chief of Police or First Selectman)		DATE (Mo., Day, Yr.)
APPLICATION FOR AMUSEMENT AND RECREATION BINGO REGIS	STRATION IS APPROVED	DATE (Mo., Day, Yr.)