

Southington Police Department

69 Lazy Lane

Southington, CT 06489

P: 860-378-1600 / F: 860-378-1665



APPLICATION FOR PERMIT TO CONDUCT BINGO CHARITABLE GAMES

INSTRUCTIONS:

1. Print or type and, if necessary, use additional sheets. Have application notarized.
2. Submit Completed Form to: Records Division, Southington Police Department, 69 Lazy Lane, Southington, CT 06489.

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

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

ORGANIZATION MEMBERS WHO ARE HOLDERS OF BINGO GAMES	
<i>(Designate Member-In-Charge's Name With An Asterisk)</i>	
NAME <i>(Last, First, Middle)</i>	NAME <i>(Last, First, Middle)</i>
1.	5.
2.	6.
3.	7.
4.	8.

MEMBER IN CHARGE: Is the Member in Charge a bona-fide, active member of the organization and a member in good standing for at least six months?

☐ YES ☐ NO

Check Type of Permit Applied for and Indicate Day(s) and Date(s):

☐ **CLASS A** (One day each week from issue date Jan 1 - Dec 31) (Fee: \$75.00)

DAY OF
WEEK: _____ TIME: _____ TO: _____

☐ **CLASS B** (Maximum of ten successive days) (Fee: \$10.00 per day)

DATE: _____ TO: _____ TIME: _____ TO: _____

☐ **CLASS C** (One day each month from issue date Jan 1 - Dec 31) (Fee: \$50.00)

>5 B	____/____/____	FROM: _____	am	TO: _____	pm	JUL	____/____/____	FROM: _____	am	TO: _____	am
FEB	____/____/____	FROM: _____	pm	TO: _____	am	AUG	____/____/____	FROM: _____	pm	TO: _____	pm
MAR	____/____/____	FROM: _____	pm	TO: _____	am	SEP	____/____/____	FROM: _____	pm	TO: _____	pm
APR	____/____/____	FROM: _____	pm	TO: _____	am	OCT	____/____/____	FROM: _____	pm	TO: _____	pm
MAY	____/____/____	FROM: _____	pm	TO: _____	am	NOV	____/____/____	FROM: _____	pm	TO: _____	pm
JUN	____/____/____	FROM: _____	pm	TO: _____	pm	DEC	____/____/____	FROM: _____	pm	TO: _____	pm

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

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

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:

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

Application for Bingo Permit is approved

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BINGO SUPPLEMENTAL

FORM

CGB-4B REV. 2/17

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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 Bingo and the Administrative Regulations, Operation Of Bingo Games, and that I will be responsible for the holding, operation and conduct of all Bingo sessions in accordance with the terms of the permit, and the provisions of the Bingo law and the administrative regulations governing Bingo.

SIGNED (<i>Member In Charge</i>)	DATE (<i>Mo., Day, Yr.</i>)
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BINGO SESSION

Provide the time the doors open to the public: _____

Provide the time the sale of cards or sheets begins: _____

Provide the time balls will be drawn for the bonanza game (if any): _____

Provide the time the bingo games will start: _____

ORGANIZATION BANK ACCOUNT (for Class A&C ONLY)

Account number: _____

Attach a voided (not canceled) check from the organization bank account in the space provided below:

<p style="text-align: center;">ATTACH VOIDED CHECK HERE (please staple the check on the left edge of the paper)</p>
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ATTACHMENT

Attach one original identifiable admission card, sheet or ticket. A photocopy is **not** acceptable.

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RECORD CHECK SOUTHINGTON POLICE DEPARTMENT

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TO:					DRIVERS LICENSE NUMBER AND STATE						
NAME OF APPLICANT (Last) (First) (Middle)					SOCIAL SECURITY NUMBER - -						
ADDRESS OF APPLICANT (No. and Street) (City or Town) (State) (Zip Code)					TELEPHONE NUMBER						
HOW LONG AT PRESENT ADDRESS?			PREVIOUS ADDRESS (No. and Street) (City or Town) (State) (Zip Code)								
DATE OF BIRTH (Mo.) (Day) (Yr.)			PLACE OF BIRTH			SEX M <input type="checkbox"/> F <input type="checkbox"/>		HEIGHT		WEIGHT	
Have you EVER been convicted of any crime, felony, misdemeanor, disorderly persons offense or other offense other than a traffic violation?										YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF "YES", GIVE DETAILS:											
ORGANIZATION REPRESENTED (Name) (No. and Street) (City or Town) (State) (Zip Code)											
ORGANIZATION'S IDENTIFICATION NUMBER						HOW LONG HAVE YOU BEEN A BONAFIDE MEMBER OF ORGANIZATION? Please specify in terms of years or months.					
						YEARS MONTHS					
APPLICANT'S SIGNATURE (Please sign with blue or black ink only)									DATE (Mo., Day, Yr.)		
I hereby certify that the above named applicant is a bonafide member of the represented organization.											
SIGNATURE OF ORGANIZATION RANKING OFFICER (Note: The applicant may not sign as an officer)									DATE (Mo., Day, Yr.)		
DO NOT WRITE BELOW THIS LINE											
APPLICATION FOR P.I.N. IS APPROVED						DATE (Mo., Day, Yr.)					

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NOTICE AND STATEMENT OF APPLICANT

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NOTICE

The purpose of this notice is to advise that all applications for registrations/permits are individually checked for convictions of any crime other than traffic violations.

Your failure to truthfully disclose any such convictions, either for yourself or your spouse may result in the denial of your application for registrations/permits.

Similarly, your failure to provide all of the details of ANY conviction, such as the date of the conviction, the offense of which you were convicted, the court location where you were convicted and the disposition made by the court location where you were convicted and the disposition made by the court in your case – i.e., 30 days - \$50.00 fine, probation, etc. will also be cause for denial of the registration/permit.

In addition, any falsification or untruthful answer to any other question on the application may result in a denial of the registration/permit.

Please sign this form where indicated below.

I hereby acknowledge that I have read the foregoing notice.

Printed Name of Applicant

Signature of Applicant

Date

STATEMENT OF APPLICANT

BY THE ACCEPTANCE OF ANY REGISTRATION/PERMIT issued pursuant to this application:

I agree to abide by the applicable Regulations.

I HEREBY CERTIFY that I have read the foregoing application and affirm that every statement contained therein is TRUE, COMPLETE AND CORRECT. I understand that if I misstate or omit any fact, I am subject to the penalties provided by law and by the above-mentioned applicable regulations.

I HEREBY AUTHORIZE the Southington Police Department to investigate any and all records concerning my background, including – but not limited to – any criminal convictions. I FULLY UNDERSTAND the preceding WAIVER.

Printed Name of Applicant

Signature of Applicant

Date