

TOWN OF LITCHFIELD

74 West Street ~ P.O. Box 488
 Litchfield, Connecticut 06759-0488
www.TownofLitchfield.org
 860-567-7550



APPLICATION FOR PERMIT TO CONDUCT BINGO CHARITABLE GAMES

INSTRUCTIONS:

1. Print or type and, if necessary, use additional sheets. Have application notarized
2. The completed form must be mailed to: Office of the First Selectman

TO:		PERMIT NUMBER	
NAME OF ORGANIZATION		IDENTIFICATION NUMBER	
ADDRESS OF ORGANIZATION (No. and Street)		(City or Town)	(State) (Zip Code)
MAILING ADDRESS (No. and Street)		(City or Town)	(State) (Zip Code)
		DATE ORGANIZED	
		TELEPHONE NUMBER	

OFFICER OF THE ORGANIZATION			
1.	NAME (Last, First, Middle)	TITLE	2.
3.	NAME (Last, First, Middle)	TITLE	4.
5.	NAME (Last, First, Middle)	TITLE	6.

ORGANIZATION MEMBERS WHO ARE HOLDERS OF PERSONAL IDENTIFICATION NUMBERS (Designate Member-In Charge's Name With An Asterisk)			
1.	NAME (Last, First, Middle)	P.I.N.	2.
3.	NAME (Last, First, Middle)	P.I.N.	4.
5.	NAME (Last, First, Middle)	P.I.N.	6.
7.	NAME (Last, First, Middle)	P.I.N.	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
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Check Type of Permit Applied for and Indicate Day(s) and Date(s):

<input type="checkbox"/> CLASS A (One day each week for cal. yr.) FEE: \$75.00	<input type="checkbox"/> CLASS B (Maximum of ten successive days) FEE: \$10/day
DAY OF WEEK: TIME: TO:	DATE: TO: TIME: TO:

CLASS C (One day each month for cal. yr.) FEE: \$50.00

JAN ___/___/___ FROM: ___ am TO: ___ am	JUL ___/___/___ FROM: ___ am TO: ___ am
FEB ___/___/___ FROM: ___ pm TO: ___ pm	AUG ___/___/___ FROM: ___ pm TO: ___ pm
MAR ___/___/___ FROM: ___ am TO: ___ am	SEP ___/___/___ FROM: ___ am TO: ___ am
APR ___/___/___ FROM: ___ pm TO: ___ pm	OCT ___/___/___ FROM: ___ pm TO: ___ pm
MAY ___/___/___ FROM: ___ am TO: ___ am	NOV ___/___/___ FROM: ___ am TO: ___ am
JUN ___/___/___ FROM: ___ pm TO: ___ pm	DEC ___/___/___ FROM: ___ pm TO: ___ pm

ADDRESS WHERE BINGO WILL BE PLAYED (No. and Street)	(City or Town)	(State)	(Zip)	MAXIMUM SEATING CAPACITY ACCORDING TO LAW:
WHO OWNS THESE PREMISES? (Name)	(No. and Street)	(City or Town)	(State) (Zip Code)	RENTING/LEASING? YES / NO
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)		MY COMMISSION EXPIRES:
		DATE (Mo., Day, Yr.)		
Application for Bingo Permit is approved		DATE (Mo., Day, Yr.)		

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BINGO SUPPLEMENTAL FORM

INSTRUCTIONS:

1. Print or type, and attach all required material.
2. The completed form must be mailed to: Office of the First Selectman

TO:	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 (Member in Charge)

DATE (Mo., Day, Yr.)

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: _____

SPECIAL BINGO BANK ACCOUNT (for Class A&C ONLY)

Account number: _____

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

ATTACH VOIDED CHECK HERE
(please staple the check on the left edge of paper)

ATTACHMENT

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