

TOWN OF LITCHFIELD

P.O. BOX 488
LITCHFIELD, CONNECTICUT 06759



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 | |

| OFFICERS OF THE ORGANIZATION | | | |
|------------------------------|--|-------|--|
| NAME (Last, First, Middle) | | TITLE | |
| 1. | | 3. | |
| 2. | | 4. | |

| ORGANIZATION MEMBERS WHO ARE HOLDERS OF PERSONAL IDENTIFICATION NUMBERS (Designate Member in Charge's Name With An Asterisk) | | | |
|---|--|--------|--|
| NAME (Last, First, Middle) | | P.I.N. | |
| 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 for cal. yr.) FEE: \$75.00

DAY OF WEEK: _____ TIME: _____ TO: _____

☐ CLASS B (Maximum of ten successive days) FEE: \$10/day

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 Code) | MAXIMUM SEATING CAPACITY ACCORDING TO LAW: |
| WHO OWNS THESE PREMISES? (Name) | | (No. and Street) | (City or Town) | (State) | |
| 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:

Application for Bingo Permit is approved

DATE (Mo., Day, Yr.)

TOWN OF LITCHFIELD

P.O. BOX 488
LITCHFIELD, CONNECTICUT 06759



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 _____

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 the paper)

ATTACHMENT

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



- ATTENTION:**
1. File completed report within 10 days after bingo session.
 2. Submit check payable to (Town of Litchfield.
 3. Mail report to P. O. Box 488, Litchfield, CT 06759

| | | | | | |
|--------------------------|----------------|-----------------------------|------------------|-------------------|--|
| NAME OF ORGANIZATION | | | PERMIT NUMBER | | |
| ADDRESS (No. and Street) | | | TELEPHONE NUMBER | | |
| (City or Town) | | (State) | | (Zip Code) | |
| DATE OF SESSION | DAY OF SESSION | TIME OF SESSION pm to pm | | NUMBER OF PLAYERS | |

SCHEDULE 1. BINGO INCOME STATEMENT

A. REVENUE

| TYPE OF SALE | Identifiable Admissions | WTA #1 | WTA #2 | Package Sales | Special #1 | Special #2 | Special #3 | Special #4 | Special #5 | Special #6 | Special #7 |
|-----------------|-------------------------|------------|-------------|---------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| NUMBER OF CARDS | | | | | | | | | | | |
| PRICE | | | | | | | | | | | |
| GAME RECEIPTS | | | | | | | | | | | |
| TYPE OF SALE | Special #8 | Special #9 | Special #10 | Special #11 | Special #12 | Special #13 | Special #14 | Special #15 | Special #16 | Special #17 | Special #18 |
| NUMBER OF CARDS | | | | | | | | | | | |
| PRICE | | | | | | | | | | | |
| GAME RECEIPTS | | | | | | | | | | | |

1. Total bingo game receipts (from schedule above) \$ _____
2. Sales of supplies \$ _____
3. Other receipts (explain) (_____) \$ _____
4. TOTAL REVENUE (add items 1 through 3) \$ _____

B. EXPENSES

1. Cash prizes (Schedule 2, part A, TOTAL plus schedule 2, part C, TOTAL CASH DOOR PRIZES) \$ _____
2. Fee paid to Treasurer, State of Connecticut (Schedule 3, line 5) Check Number _____ \$ _____
3. Other expenses and/or Goodwill Payments (actually paid)

| CHECK NO. | NAME OF PAYEE | DESCRIPTION | AMOUNT |
|-----------|---------------|-------------|--------|
| a. | | | |
| b. | | | |
| c. | | | |
| d. | | | |

- Total other expenses (add items a through d) \$ _____
4. TOTAL EXPENSES (add items 1 through 3) \$ _____

C. NET PROFIT (LOSS)

1. Net Profit (Loss) (from Part A, Line 4, TOTAL REVENUE, deduct Part B, line 4, TOTAL EXPENSES) \$ _____

| | | | | |
|--------------------------|-----------------|-------|-------------------------|-----------------|
| STARTING CASH BANK \$ | DEPOSIT MADE BY | PIN # | AMOUNT OF DEPOSIT \$ | DATE OF DEPOSIT |
|--------------------------|-----------------|-------|-------------------------|-----------------|



- ATTENTION:** 1. File completed report within 10 days after bingo session.
 2. Submit check payable to (Town of Litchfield).
 3. Mail report to P. O. Box 488, Litchfield, CT 06759

| | | | | | |
|--------------------------|----------------|-----------------|-------------------|--|--|
| NAME OF ORGANIZATION | | | PERMIT NUMBER | | |
| ADDRESS (No. and Street) | | | TELEPHONE NUMBER | | |
| (City or Town) | | | (State) | | |
| | | | (Zip Code) | | |
| DATE OF SESSION | DAY OF SESSION | TIME OF SESSION | NUMBER OF PLAYERS | | |
| | | pm to pm | | | |

SCHEDULE 1. BINGO INCOME STATEMENT

A. REVENUE

| TYPE OF SALE | Identifiable Admissions | WTA #1 | WTA #2 | Package Sales | Special #1 | Special #2 | Special #3 | Special #4 | Special #5 | Special #6 | Special #7 |
|-----------------|-------------------------|------------|-------------|---------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| NUMBER OF CARDS | | | | | | | | | | | |
| PRICE | | | | | | | | | | | |
| GAME RECEIPTS | | | | | | | | | | | |
| TYPE OF SALE | Special #8 | Special #9 | Special #10 | Special #11 | Special #12 | Special #13 | Special #14 | Special #15 | Special #16 | Special #17 | Special #18 |
| NUMBER OF CARDS | | | | | | | | | | | |
| PRICE | | | | | | | | | | | |
| GAME RECEIPTS | | | | | | | | | | | |

- Total bingo game receipts (from schedule above) \$
- Sales of supplies \$
- Other receipts (explain) (.....) \$
- TOTAL REVENUE** (add items 1 through 3) \$

B. EXPENSES

- Cash prizes (Schedule 2, part A, TOTAL plus schedule 2, part C, TOTAL CASH DOOR PRIZES) \$
- Fee paid to Treasurer, State of Connecticut (Schedule 3, line 5) Check Number \$
- Other expenses and/or Goodwill Payments (actually paid)

| | CHECK NO. | NAME OF PAYEE | DESCRIPTION | AMOUNT |
|----|-----------|---------------|-------------|--------|
| a. | | | | |
| b. | | | | |
| c. | | | | |
| d. | | | | |

- Total other expenses (add items a through d) \$
- TOTAL EXPENSES** (add items 1 through 3) \$

C. NET PROFIT (LOSS)

- Net Profit (Loss) (from Part A, Line 4, TOTAL REVENUE, deduct Part B, line 4, TOTAL EXPENSES) \$

| | | | | |
|--------------------|-----------------|-------|-------------------|-----------------|
| STARTING CASH BANK | DEPOSIT MADE BY | PIN # | AMOUNT OF DEPOSIT | DATE OF DEPOSIT |
| \$ | | | \$ | |

SCHEDULE 2. LIST OF PRIZES

A. SUMMARY OF CASH BINGO GAME PRIZES

| PRIZE | NO. OF GAMES | TOTALS |
|--|--------------|--------|
| WTA #1 | | \$ * |
| WTA #2 | | \$ * |
| \$ | | \$ |
| \$ | | \$ |
| \$ | | \$ |
| \$ | | \$ |
| \$ | | \$ |
| \$ | | \$ |
| \$ | | \$ |
| \$ | | \$ |
| \$ | | \$ |
| \$ | | \$ |
| \$ | | \$ |
| \$ | | \$ |
| Amount of Special Grand Prize #1 for this session | | \$ |
| Amount of Special Grand Prize #2 for this session | | \$ |
| Breakage | | \$ |
| TOTAL | | \$ |

*Amount awarded after 10% has been deducted

C. DOOR PRIZE(S)

| MERCHANDISE DOOR PRIZE SECTION | |
|--|-------|
| DESCRIPTION | VALUE |
| | \$ |
| | \$ |
| | \$ |
| TOTAL MERCHANDISE DOOR PRIZE(S) | \$ |
| CASH DOOR PRIZE SECTION | |
| | |
| | |
| TOTAL CASH DOOR PRIZE (S) | \$ |

SCHEDULE 3. CALCULATION OF FEE

| | |
|--|----|
| 1. Total bingo game receipts (schedule 1, part A, line 1) | \$ |
| 2. Total cash bingo game prizes (schedule 2, part A, Total) | \$ |
| 3. Total merchandise bingo game prizes (schedule 5, Grand Total) | \$ |
| 4. Net receipts (deduct lines 2 and 3 from line 1) | \$ |
| 5. Total fee due (multiply line 4 by .05) | \$ |

B. SPECIAL GRAND PRIZE #1 (PROGRESSIVE)

| | SESSION DATE | AMOUNT |
|--|--------------|--------|
| Week #1 | | \$ |
| Week #2 | | \$ |
| Week #3 | | \$ |
| Week #4 | | \$ |
| Week #5 | | \$ |
| Week #6 | | \$ |
| Week #7 | | \$ |
| Week #8 | | \$ |
| Week #9 | | \$ |
| Week #10 | | \$ |
| Week #11 | | \$ |
| Week #12 | | \$ |
| Week #13 | | \$ |
| Week #14 | | \$ |
| Week #15 | | \$ |
| Week #16 | | \$ |
| TOTAL PAID FOR SPECIAL GRAND PRIZE #1 | | \$ |

D. SPECIAL GRAND PRIZE #2 (PROGRESSIVE)

| | SESSION DATE | AMOUNT |
|--|--------------|--------|
| Week #1 | | \$ |
| Week #2 | | \$ |
| Week #3 | | \$ |
| Week #4 | | \$ |
| Week #5 | | \$ |
| Week #6 | | \$ |
| Week #7 | | \$ |
| Week #8 | | \$ |
| Week #9 | | \$ |
| Week #10 | | \$ |
| Week #11 | | \$ |
| Week #12 | | \$ |
| Week #13 | | \$ |
| Week #14 | | \$ |
| Week #15 | | \$ |
| Week #16 | | \$ |
| TOTAL PAID FOR SPECIAL GRAND PRIZE #2 | | \$ |

LIST WINNER(S) FOR SPECIAL GRAND PRIZE(S):

| CHECK NO. | NAME OF PAYEE | AMOUNT |
|-----------|---------------|--------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

SCHEDULE 4. DISPOSITION OF, AND ACCOUNTING FOR NET PROFIT (Contribution/Donation)

| DATE | CHECK NO. | NAME OF PAYEE | DESCRIPTION | AMOUNT |
|----------------------------|-----------|---------------|-------------|--------|
| 1. | | | | |
| 2. | | | | |
| TOTAL DISBURSEMENTS | | | | \$ |

I DO HEREBY MAKE OATH THAT THE STATEMENT IN THE FOREGOING REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND ACCURATE.

FOR OFFICE USE ONLY

| | | | |
|---|-------|------------------|--------------|
| SIGNATURE OF MEMBER-IN-CHARGE/DESIGNEE OF BINGO SESSION | PIN # | DATE | Check Number |
| SIGNATURE OF RANKING OFFICER | PIN # | DATE | Amount |
| FORM PREPARED BY (Please Print) | PIN # | TELEPHONE NUMBER | \$ |

TEN DAY BINGO REPORT
CGF-1 Merchandise Form Rev. 5/12



| |
|-----------------|
| PERMIT NUMBER |
| DATE OF SESSION |
| (Zip Code) |

[illegible]

