

INSTRUCTIONS FOR COMPLETION OF AN APPLICATION FOR BINGO PERMIT

1. **Do NOT fill-in a permit number.** A new permit number is assigned to each organization annually.
2. Print or type the name of the sponsoring organization, the complete organization address (**number, street, town, state, zip**), and a complete mailing address. If renewing a permit, please use **exactly the same organization name** given on previous applications.
3. List the seven (7) digit organization Identification Number previously assigned by the Department.
4. Provide the complete date (month, day, year) the organization was organized.
5. Print the telephone number of the sponsoring organization.
6. List the complete name (last, first, middle) and the title of each officer of the sponsoring organization. An additional sheet may be attached, if necessary.
7. List the complete name (last, first, middle) and Personal Identification Number (PIN) of **all members** of the sponsoring organization assigned to assist in the operation or conduct of bingo. Additional sheets may be attached, if necessary. **Please Note: Members who desire to apply for and receive a PIN should submit an application along with this application form and should also be listed under the section titled Holders of Personal Identification Numbers. A notation must be made beside their name that an Application for Personal Identification Number (PIN) Bingo form is also attached and submitted for approval.**
8. Designate **only ONE individual** as Member In Charge of the bingo sessions. **In order to designate the Member In Charge, an asterisk (*) must be placed beside the name of one of the individuals listed in the section titled Holders of Personal Identification Numbers.** Please take note that the designated Member In Charge must have previously applied for and received a PIN for the organization that he/she will be the Member In Charge of, or an Application for Personal Identification Number (PIN) Bingo form must be submitted for this individual along with this application form.
9. Answer the question in regard to the Member In Charge by indicating whether or not the Member In Charge is a bona-fide, active member of the organization and a member in good standing for at least six months.
10. Check the type of permit for which your organization is applying. 'Class A' bingo permits allow bingo sessions to be conducted one day per week for the current calendar year, (Jan 1 through December 31); 'Class B' bingo permits allow an organization to conduct bingo up to ten successive days; and 'Class C' bingo permits allow bingo sessions to be conducted one day per month for the current calendar year. (Jan 1 through December 31); If applying for a 'Class A' bingo permit, the day of the week the

Instructions For Completion Of Bingo Permit Application

sessions will be conducted must be provided along with the commencing time and the terminating time (including a.m. or p.m.) of the sessions. If applying for a 'Class B' bingo permit, the commencing date and the terminating date (month, day, year) the sessions will be held must be provided along with the commencing time and the terminating time (including a.m. or p.m.) for each day the sessions are to be conducted. If applying for a 'Class C' bingo permit, the complete date (month, day, year) the sessions will be held for each month must be provided, along with the commencing time and the terminating time (including a.m. or p.m.) for each date the sessions are to be conducted.

11. Print the complete address (**number, street, town, state, zip**) of the location where the bingo sessions will be held, and indicate who owns these premises by providing a complete name and address (**name, number, street, town, state, zip**).
12. Print the maximum seating capacity according to law, and answer the question in regard to renting or leasing the premises where the sessions are to be conducted.
13. Have the application signed and dated by one of the ranking officers of the organization. **Please take note that only individuals listed on the application in the section titled Officers Of The Organization qualify as ranking officers.**
14. The application form must be signed and dated by an authorized Notary Public. Please be sure that the notary seal and/or the date the Notary Public's commission expires are used on this document. Applications will not be accepted without this important information.
15. **Attach a check, made payable to the "Town of Killingly" for the appropriate permit fee. Please take note that checks must be drawn from the sponsoring organization's "Special Bingo Bank Account" when applying for a 'Class A' or 'Class C' bingo permit.**
 - a) 'Class A' bingo permit fee - \$75.00
 - b) 'Class B' bingo permit fee - \$5.00 per day (maximum of ten consecutive days)
 - c) 'Class C' bingo permit fee - \$50.00

Please Note:

Organizations applying for a Class B bingo permit need to understand that due to the nature of the activity to be conducted (a special event bingo game), the member in charge of the organization may be required to attend a pre-bingo meeting as a prerequisite of obtaining a permit.

Timely submittal of applications for bingo permits is imperative. Applications should be submitted at least ten days prior to the date of an event in order to provide enough time for the processing and issuance of a permit.

**INSTRUCTIONS FOR COMPLETION OF THE BINGO APPLICATION
SUPPLEMENTAL FORM AND RELATED INFORMATION**

1. Print the seven (7) digit organization Identification Number previously assigned.
2. Clearly print the complete name (first, middle, last) of the designated Member In Charge, and provide a home and work telephone number where we may reach this individual, if necessary.
3. The designated Member In Charge must sign his/her name and date the form in the space provided in order to signify that he/she has read the Bingo law and the administrative regulations governing Bingo, and understands he/she will be responsible for conducting Bingo in accordance with the terms of the permit and the provisions of the Bingo law and administrative regulations.
4. Provide the time (including a.m. or p.m.) the doors open to the public.
5. Provide the time (including a.m. or p.m.) the sale of cards or sheets begin.
6. Provide the time (including a.m. or p.m.) balls will be drawn for the bonanza game (if any).
7. Provide the time (including a.m. or p.m.) the bingo games will commence.
8. Provide the complete checking account number of the sponsoring organization's "Special Bingo Bank Account", if applying for a 'Class A' or 'Class C' bingo permit.
9. In the space provided, staple a **voided** (not cancelled) check from the sponsoring organization's "**Special Bingo Bank Account**", if applying for a 'Class A' or 'Class C' bingo permit.
10. Attach **one original** identifiable admission card, sheet or ticket.

Town of Killingly

Town Manager's Office

172 Main Street, Killingly, CT 06239

Phone: 860-779-5300 ext. 7
townmanager@killinglyct.gov



APPLICATION FOR PERSONAL
IDENTIFICATION NUMBER
(P.I.N.) BINGO

INSTRUCTIONS:

1. Print or type.
2. Complete and attach Notice and Statement of Applicant.
3. Mail application forms to: 172 Main Street, Killingly, CT 06239.
4. A Personal Identification Number (P.I.N.) will be issued upon approval.

TO:				P.I.N.	
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		
Have you ever applied for a P.I.N. to operate bingo games for any other organization? YES <input type="checkbox"/> NO <input type="checkbox"/>					
IF "YES", GIVE DETAILS: (Organization Name) (No. and Street) (City or Town) (State) (Zip Code)					ASSIGNED P.I.N.
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.)		

Town of Killingly

Town Manager's Office

172 Main Street, Killingly, CT 06239

Phone: 860-779-5300 ext. 7
townmanager@killinglyct.gov



NOTICE AND STATEMENT OF APPLICANT

INSTRUCTIONS:

1. Please sign this form in the two areas provided below.
2. Mail form to: 172 Main Street, Killingly, CT 06239

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 _____ 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

Town of Killingly

Town Manager's Office

172 Main Street, Killingly, CT 06239

Phone: 860-779-5300 ext. 7

townmanager@killinglyct.gov



**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 172 Main Street, Killingly, CT 06239.

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

OFFICERS OF THE ORGANIZATION			
NAME (Last, First, Middle)	TITLE	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.	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):

<input type="checkbox"/> CLASS A (One day each week from issue date to 9/30) (Fee: \$75.00) DAY OF _____ TIME: _____ TO: _____ WEEK: _____	<input type="checkbox"/> CLASS B (Maximum of ten successive days) (Fee: \$5.00 per day) DATE: _____ TO: _____ TIME: _____ TO: _____
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☐ **CLASS C** (One day each month from issue date to 9/30) (Fee: \$50.00)

>5 B ____/____/____ FROM: ____am TO: ____am FEB ____/____/____ FROM: ____pm TO: ____pm MAR ____/____/____ FROM: ____am TO: ____am APR ____/____/____ FROM: ____pm TO: ____pm MAY ____/____/____ FROM: ____am TO: ____am JUN ____/____/____ FROM: ____pm TO: ____pm	JUL ____/____/____ FROM: ____am TO: ____am AUG ____/____/____ FROM: ____pm TO: ____pm SEP ____/____/____ FROM: ____am TO: ____am OCT ____/____/____ FROM: ____pm TO: ____pm NOV ____/____/____ FROM: ____am TO: ____am 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) (Zip Code)	
RENTING/LEASING?						FOR OFFICE USE ONLY
<input type="checkbox"/> YES <input type="checkbox"/> 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.

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

Town of Killingly

Town Manager's Office

172 Main Street, Killingly, CT 06239

Phone: 860-779-5300 ext. 7

townmanager@killinglyct.gov



**BINGO SUPPLEMENTAL
FORM**

INSTRUCTIONS:

1. Print or type, and attach all required material.
2. The completed form must be mailed to 172 Main Street, Killingly, CT 06239.

TO: Town of Killingly, CT	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 (<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: _____

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:

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

ATTACHMENT

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

Town of Killingly
 Town Manager's Office
 172 Main Street, Killingly, CT 06239
 Phone: 860-779-5300 ext. 7
 townmanager@killinglyct.gov



**APPLICATION FOR PERMIT
 TO CONDUCT BINGO
 CHARITABLE GAMES**

SAMPLE

INSTRUCTIONS:

1. Print or type and, if necessary, use additional sheets. Have application notarized.
2. The completed form must be mailed to 172 Main Street, Killingly, CT 06239.

TO: Town of Killingly, CT

PERMIT NUMBER:

NAME OF ORGANIZATION

St. John's Church - Men's Club

IDENTIFICATION NUMBER

1700005

ADDRESS OF ORGANIZATION (No. and Street)

263 Cedar Mountain Road

(City or Town)

Killingly

(State)

CT

(Zip Code)

06239

DATE ORGANIZED

2/15/2004

MAILING ADDRESS (No. and Street)

c/o Reverend Smith 261 Cedar Mountain Road Killingly

(State)

CT

(Zip Code)

06239

TELEPHONE NUMBER

(860) 555-2612

OFFICERS OF THE ORGANIZATION

NAME (Last, First, Middle)	TITLE	NAME (Last, First, Middle)	TITLE
¹ Clarke, William E.	President	³ McDonald, Edward T.	Treasurer
² Smith, Robert B.	Vice President	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.	NAME (Last, First, Middle)	P.I.N.
¹ *Smith, Nicholas F.	016275B	⁵ Markow, Brian M.	016162B
² Walton, John B.	015327B	⁶ Rogers, Leonard A.	016277B
³ Clarke, William E.	016576B	⁷ Tate, Ned K. (applying for #)	
⁴ McDonald, Edward T.	014412B	⁸ Yard, John W. (applying for #)	

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 to 9/30) (Fee: \$75.00)

☐ CLASS B (Maximum of ten successive days) (Fee: \$5.00 per day)

DAY OF WEEK: Monday TIME: 7:00pm TO: 10:00pm

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

☐ CLASS C (One day each month from issue date to 9/30) (Fee: \$50.00)

JAN ____/____/____	FROM: ____am TO: ____pm	JUL ____/____/____	FROM: ____am TO: ____pm
FEB ____/____/____	FROM: ____am TO: ____pm	AUG ____/____/____	FROM: ____am TO: ____pm
MAR ____/____/____	FROM: ____am TO: ____pm	SEP ____/____/____	FROM: ____am TO: ____pm
APR ____/____/____	FROM: ____am TO: ____pm	OCT ____/____/____	FROM: ____am TO: ____pm
MAY ____/____/____	FROM: ____am TO: ____pm	NOV ____/____/____	FROM: ____am TO: ____pm
JUN ____/____/____	FROM: ____am TO: ____pm	DEC ____/____/____	FROM: ____am TO: ____pm

ADDRESS WHERE BINGO WILL BE PLAYED (No. and Street)

263 Cedar Mountain Road

(City or Town)

Killingly

(State)

CT

(Zip Code)

06239

MAXIMUM SEATING CAPACITY ACCORDING TO LAW:

150

WHO OWNS THESE PREMISES? (Name)

(No. and Street)

St. John's Church 263 Cedar Mountain Road

(City or Town)

Killingly

(State) (Zip Code)

CT 06239

RENTING/LEASING?

☐ YES ☒ 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)

Nicholas Smith
 DATE (Mo., Day, Yr.) 02/01/2024

Personally appeared the signer of the foregoing statement and made oath before me to the truth of matters contained therein.

SIGNED (Notary Public)

Cholson Jones

DATE (Mo., Day, Yr.)

02/01/2024

DATE (Mo., Day, Yr.)

MY COMMISSION EXPIRES:

12/31/2027

Application for Bingo Permit is approved

Town of Killingly
Town Manager's Office
172 Main Street, Killingly, CT 06239
Phone: 860-779-5300 ext. 7
townmanager@killinglyct.gov



BINGO SUPPLEMENTAL
FORM

SAMPLE

INSTRUCTIONS:

1. Print or type, and attach all required material.
2. The completed form must be mailed to 172 Main Street, Killingly, CT 06239.

TO: Town of Killingly, CT

IDENTIFICATION NUMBER
1700005

MEMBER IN CHARGE

Name (please print): Nicholas F. Smith

Home telephone number: (860) 753-1888

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.

Nicholas Smith

02/01/2024

SIGNED (Member In Charge)

DATE (Mo., Day, Yr.)

BINGO SESSION

Provide the time the doors open to the public: 6:00pm

Provide the time the sale of cards or sheets begins: 6:15pm

Provide the time balls will be drawn for the bonanza game (if any): N/A

Provide the time the bingo games will start: 7:00pm

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

Account number: 01234567890

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.

INSTRUCTIONS FOR COMPLETION OF THE BINGO PRIZE SHEET

- Complete the Bingo Prize Sheet in duplicate. The name and address of the sponsoring organization must be printed on each page. This information must be listed exactly as it was on the organization's approved bingo registration. Page numbers should be printed in the upper left-hand corner of each page. The Organization I.D. # and type of permit (BA, BB, BM) should be printed in the upper right-hand corner of each page.
- **In order to complete the Bingo Prize Sheet, first list each game number to be played. An organization may play a minimum of 15 games or a maximum of 40 games per permitted bingo session. Please bear in mind that a multiple-part Winner-Take-All game (WTA) is considered only qpg'i co g. On the prize sheet, a WTA game is a qpg-dpg'entry, where the winning arrangement must be listed as "Caller's Choice" and the prize must be listed as "TBA". Only two WTA games are allowed per bingo session.**
- Print the name of the game in the "Game Description Type" column for all games other than regular bingo games.
- For each game, print the number of faces, the color of the sheet and the type (border, solid, tint, shaded, sealed, pre-printed or striped) to be used in the "Number of Faces per Cards/Sheets and Color" column.
- A winning arrangement must be provided for each game played. Please bear in mind that "To Be Announced" (TBA) is not allowed as an acceptable winning arrangement. "Callers Choice" is acceptable as a winning arrangement **only** for WTA games.
- List the prize amounts for each game while keeping in mind the allowable prize limits for each type of game to be conducted.
 - **Regular game prizes** – Prizes may be up to \$200 each.
 - **Special game prizes** – Prizes may range from \$201 up to \$750 each, provided that the total doesn't exceed \$2,500 on any one day.
 - **Special Grand Prize** – The rollover amount for a Special Grand Prize may not exceed \$500, and the maximum prize that may accumulate for up to sixteen weeks is \$5,000.
 - **Winner-Take-All (WTA) Game Prizes** – Ninety percent (90%) of all receipts from the sale of bingo cards for the WTA game or series of games must be awarded as prizes, and each prize awarded may not exceed \$500 in value.
- If there are different prize schedules based on attendance, the column headings should be listed as in the following example:

Prizes
80 or More
Players

Prizes
79 – 70
Players

Prizes
69 or Less
Players

Instructions for Completion of the Bingo Prize Sheet

- If the last attendance column has an ending number of players instead of the words “or less”, the following statement must appear on the last line of the prize sheet: **Bingo will be cancelled if attendance is ## or less.** Example:

Prizes
80 or More
Players

Prizes
79 – 70
Players

Prizes
69 – 50
Players

Bingo will be cancelled if attendance is 49 or less.

- A maximum of two progressive games are allowed per session. If conducting a progressive game, certain wording is required to be listed on the line(s) below the progressive game information. The name of the winning arrangement and the words “in ?#’s or less wins jackpot, plus game prize” must be listed, along with the special grand prize/rollover amount, as in the following example:

***cover all in ?#’s or less wins jackpot, plus game prize.**
***special grand prize/rollover amount \$500.00**

- If your organization intends to conduct a 50/50 game, a maximum payout amount must be listed, as in the following example:

“50/50 max. \$75.00”

- Both copies of the Bingo Prize Sheet must be signed and dated by the designated Member In Charge. Keep one copy for the organization’s internal records, and attach one of the signed and dated copies to the application for the permit.
- If any information must be changed after the Bingo Prize Sheet has been approved as part of the organization’s application, an Application to Amend – Bingo must be completed and submitted for consideration of approval. The last original prize sheet that was approved must be also be submitted with the desired changes noted in either red or blue ink, and it must contain the **original** signature of the member in charge. Changes may not be implemented prior to receiving an approved amend form, aside from two exceptions. Winning arrangements and paper colors may be changed on the Bingo Prize Sheet without an approved amendment to the permit. All other changes require approval.

IMPORTANT INFORMATION

Please Remember:

- A winner-take-all game (WTA) is the **ONLY** game that can be played in parts. The progressive jackpot game must say “**JACKPOT, PLUS GAME PRIZE**”. The game prize must be paid with the jackpot! Example: If the jackpot is worth \$2,000.00, the winner will receive \$2,100.00 (\$2,000.00 plus the game prize of \$100.00).
- **In the event an admission coupon or ticket is part of an admission package, the price of the admission coupon or ticket, if any, must be noted separately.**
- **ONCE A BINGO PERMIT HAS BEEN ISSUED, AN “APPLICATION TO AMEND” MUST BE APPROVED BEFORE ANY CHANGE CAN TAKE PLACE!**

Please Note: Bingo cards or sheets must be sold at a uniform unit price, and when a specific color sheet with the same number of faces is sold for a particular game or games, that same color sheet with the same number of faces may not be sold again during the same bingo occasion or session. Also, you may change the color of your sheets without having to file an Application to Amend – Bingo; however, if you are going to change the price of admission, sheets of paper, or add or delete any games, you must submit and receive an approved amendment application before any changes can be implemented. **Each organization desiring to amend the price of admission, sheets of paper, the number of games being played or change its bingo prizes or pricing must provide an Application to Amend - Bingo form, and a copy of the approved bingo prize and/or price sheet(s) with the desired change(s) marked in red or blue ink. In addition, each prize or price sheet submitted with changes must be signed by the bingo member in charge.**

- **Organizations applying for a Class B bingo permit need to understand that due to the nature of the activity to be conducted (a special event bingo game), the member in charge of the organization may be required to attend a pre-bingo meeting as a prerequisite to obtaining a permit.**
- **TIMELY SUBMITTAL OF APPLICATIONS FOR BINGO PERMITS IS IMPERATIVE. APPLICATIONS SHOULD BE SUBMITTED AT LEAST TEN DAYS PRIOR TO THE DATE OF AN EVENT IN ORDER TO PROVIDE ENOUGH TIME FOR THE PROCESSING AND ISSUANCE OF A PERMIT.**

BINGO PRIZE SHEET

Organization ID. # _____

Name of Organization: _____

Address: _____

City, State, Zip Code: _____

[illegible]

Signature of Member-In-Charge _____

Date _____

BINGO PRIZE SHEET

Organization ID. # _____

Name of Organization: _____

Address: _____

City, State, Zip Code: _____

Game No.	Game Description Type	Number of Faces per Cards/Sheets and Color	Winning Arrangement	Prizes ____ or More Players	Prizes ____ or Less Players

Signature of Member-In-Charge _____! Date _____



ATTENTION: File completed report within **10 days** after bingo session.
 Mail to/drop off at the **Town Manager's Office, Killingly Town Hall,**
172 Main Street, Killingly, CT 06239.

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
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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 Treasurer, State of Connecticut (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.

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	\$

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			PERMIT NUMBER
NAME OF ORGANIZATION			DATE OF SESSION
ADDRESS (No. and Street)	(City or Town)	(State)	(Zip Code)

GAME NUMBER	DESCRIPTION OF PRIZE(S)	VALUE OF PRIZE(S)
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL page 1		\$

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