

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 “ ” 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 - \$.00
 - b) ‘Class B’ bingo permit fee - \$.00 per day (maximum of ten consecutive days)
 - c) ‘Class C’ bingo permit fee - \$.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.

TOWN OF KILLINGLY, CT
 Town Manager's Office
 172 Main Street
 Killingly, CT 06239
 Email: jlaroche@killinglyct.gov
 Web site: www.killinglyct.gov
 Phone: 860-779-5350

**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:

TO:				PERMIT NUMBER	
NAME OF ORGANIZATION				IDENTIFICATION NUMBER	
St. John's Church - Men's Club				1700005	
ADDRESS OF ORGANIZATION (No. and Street)		(City or Town)		(State)	(Zip Code)
263 Cedar Mountain Road,		Anytown,		CT	06000
MAILING ADDRESS (No. and Street)		(City or Town)		(State)	(Zip Code)
c/o Reverend Smith, 261 Cedar Mountain Road,		Anytown		CT	06000
DATE ORGANIZED				TELEPHONE NUMBER	
06/20/65				(860) 555-1000	

OFFICERS OF THE ORGANIZATION			
NAME (Last, First, Middle)	TITLE	NAME (Last, First, Middle)	TITLE
1. Couto, William E.	President	3. McDonald, Edward T	Treasurer
2. Smith, Trevor J.	Vice President	4.	

ORGANIZATION MEMBERS WHO ARE HOLDERS OF PERSONAL IDENTIFICATION NUMBERS <small>(Designate Member-In-Charge's Name With An Asterisk)</small>			
NAME (Last, First, Middle)	P.I.N.	NAME (Last, First, Middle)	P.I.N.
1. ** Boudreau, Alan**	016275B	5. McDonald, Edward T.	016162B
2. Cuoto, William E.	015327B	6. Rogers, Leonard A.	016277B
3. Levesque, Henry	016276B	7. Thom, Ned (applying for no.)	
4. Markow, Brian M.	014412B	8. Yas, John (applying for no.)	

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?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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Check Type of Permit Applied for and Indicate Day(s) and Date(s):	
<input checked="" type="checkbox"/> CLASS A (One day each week from issue date to 9/30) (Fee: \$75.00)	<input type="checkbox"/> CLASS B (Maximum of ten successive days) (Fee: \$5.00 per day)
DAY OF WEEK: Monday TIME: 7:00 pm TO: 10:00 pm	DATE: _____ TO: _____ TIME: _____ TO: _____
<input type="checkbox"/> CLASS C (One day each month from issue date to 9/30) (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:
263 Cedar Mountain Road,		Anytown		CT	06000	250
WHO OWNS THESE PREMISES? (Name)		(No. and Street)		(City or Town)		(State)
St. John's Church		263 Cedar Mountain Road,		Anytown		CT
RENTING/LEASING?		<input type="checkbox"/> YES <input checked="" 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) William E. Cuoto
		DATE (Mo., Day, Yr.) 08/28/11

Personally appeared the signer of the foregoing statement and made oath before me to the truth of matters contained therein.		SIGNED (Notary Public) Frank Smead
		DATE (Mo., Day, Yr.) 08/28/11
		MY COMMISSION EXPIRES: 04/03/15

Application for Bingo Permit is approved	
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TOWN OF KILLINGLY, CT
 Town Manager's Office 172
 Main Street
 Killingly, CT 06239
 Email: jlaroche@killinglyct.gov
 Web site: www.killinglyct.gov
 Phone: 860-779-5350

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:

TO:				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):

☐ **CLASS A** (One day each week from issue date to 9/30) (Fee: \$75.00)

DAY OF

WEEK: _____ TIME: _____ TO: _____

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

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

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

JAN ____/____/____	FROM: _____	TO: _____	JUL ____/____/____	FROM: _____	TO: _____
	am	am		am	am
	pm	pm		pm	pm
FEB ____/____/____	FROM: _____	TO: _____	AUG ____/____/____	FROM: _____	TO: _____
	am	am		am	am
	pm	pm		pm	pm
MAR ____/____/____	FROM: _____	TO: _____	SEP ____/____/____	FROM: _____	TO: _____
	am	am		am	am
	pm	pm		pm	pm
APR ____/____/____	FROM: _____	TO: _____	OCT ____/____/____	FROM: _____	TO: _____
	am	am		am	am
	pm	pm		pm	pm
MAY ____/____/____	FROM: _____	TO: _____	NOV ____/____/____	FROM: _____	TO: _____
	am	am		am	am
	pm	pm		pm	pm
JUN ____/____/____	FROM: _____	TO: _____	DEC ____/____/____	FROM: _____	TO: _____
	am	am		am	am
	pm	pm		pm	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?						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.

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.)

DATE (Mo., Day, Yr.)

MY COMMISSION EXPIRES:

Application for Bingo Permit is approved

TOWN OF KILLINGLY, CT
Town Manager's Office 172
Main Street
Killingly, CT 06239
Email: jlaroche@killinglyct.gov
Web site: www.killinglyct.gov
Phone: 860-779-5334

APPLICATION FOR REGISTRATION
AMUSEMENT AND RECREATION BINGO
FOR PARENT TEACHER ASSOCIATIONS

INSTRUCTIONS:

1. Print or type. **Attach payment of the \$.00 registration fee, payable to "**
2. The completed application and fee must be mailed to:
3. An Identification Number will be issued upon approval.

TO:	IDENTIFICATION NUMBER (To be assigned)
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NAME OF ORGANIZATION	TELEPHONE NUMBER
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STREET ADDRESS (No. and Street)	(City or Town)	(State)	(Zip Code)
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MAILING ADDRESS (Name)	(No. and Street)	(City or Town)	(State)	(Zip Code)
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LIST OF OFFICERS OF THE SPONSORING ORGANIZATION

NAME (Last, First, Middle)	TITLE	NAME (Last, First, Middle)	TITLE
1.		4.	
2.		5.	
3.		6.	

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

SIGNED (Ranking Officer)

PRINTED NAME of Ranking Officer

DATE (Mo., Day, Yr.)

OATH

Personally appeared the signer of the foregoing statement and made oath before me to the matter contained herein.

SIGNED (Notary Public)	MY COMMISSION EXPIRES:	DATE (Mo., Day, Yr.)
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ATTEST

To the best of my knowledge and belief, information contained in this application is:

- ☐ True and correct and subject organization qualifies for and **SHOULD** be issued a registration and an Identification Number.
- ☐ Not true or correct and subject organization **SHOULD NOT** be issued a registration and an Identification Number.

COMMENTS

SIGNED (Chief of Police or First Selectman)	DATE (Mo., Day, Yr.)
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APPLICATION FOR REGISTRATION AMUSEMENT &
RECREATION BINGO FOR A PARENT TEACHER ASSOCIATION
IS APPROVED

DATE (Mo., Day, Yr.)

TOWN OF KILLINGLY, CT
Town Manager's Office
172 Main Street
Killingly, CT 06239
Email: jlaroche@killinglyct.gov
Web site: www.killinglyct.gov
Phone: 860-779-5350

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.

TO:		IDENTIFICATION NUMBER (To be assigned)	
NAME OF ORGANIZATION		TELEPHONE NUMBER	
STREET ADDRESS (No. and Street)	(City or Town)	(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? ☐ YES ☐ NO

INDICATE DAY(S) OF WEEK AND HOURS OF BINGO OPERATION

1 <input type="checkbox"/> SUNDAY	From: _____ am pm	To: _____ am pm	5 <input type="checkbox"/> THURSDAY	From: _____ am pm	To: _____ am pm
2 <input type="checkbox"/> MONDAY	From: _____ am pm	To: _____ am pm	6 <input type="checkbox"/> FRIDAY	From: _____ am pm	To: _____ am pm
3 <input type="checkbox"/> TUESDAY	From: _____ am pm	To: _____ am pm	7 <input type="checkbox"/> SATURDAY	From: _____ am pm	To: _____ am pm
4 <input type="checkbox"/> WEDNESDAY	From: _____ am pm	To: _____ am 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 hereby state that all Bingo sessions operated by subject organization under this registration will be conducted in compliance with Connecticut General Statutes and with all Administrative Regulations concerning Amusement and Recreation Bingo.

SIGNED (Ranking Officer)

PRINTED NAME of Ranking Officer

DATE (Mo., Day, Yr.)

OATH

Personally appeared the signer of the foregoing statement and made oath before me to the matter contained herein.

SIGNED (Notary Public)

MY COMMISSION EXPIRES:

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 **SHOULD** be issued a registration and an Identification Number.
- ☐ Not true or correct and subject organization **SHOULD NOT** 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 REGISTRATION IS APPROVED

DATE (Mo., Day, Yr.)

**INSTRUCTIONS FOR COMPLETION OF AN APPLICATION FOR NOTIFICATION OF EVENT
AMUSEMENT AND RECREATION BINGO FOR PARENT TEACHER ASSOCIATIONS
(CGB-9A)**

1. Print or type the name of the sponsoring organization and the complete organization address (number, street, city/town, state, zip code).
2. Provide a complete mailing address (number, street, city/town, state, zip code).
3. Provide the organization ID Number.
4. Print the telephone number of the sponsoring organization.
5. Provide the start and end dates of the bingo session as well as time the doors open, sales begin, and games begin and end.
6. Provide the address(number, street, city/town, state, zip code) where the bingo games will be played.
7. Provide the name and telephone number(s) of the person in charge.
8. The application form must be signed and dated by one of the ranking officers of the organization.
9. Upon completion of the application, submit all copies of the form, as well as any attachments, to the Department of Consumer Protection for approval.
10. If you have any questions or concerns pertaining to the completion of the application form, please do not hesitate to contact us at (860) 713-6140.

TOWN OF KILLINGLY, CT
 Town Manager's Office
 172 Main Street
 Killingly, CT 06239
 Email: jlaroche@killinglyct.gov
 Web site: www.killinglyct.gov
 Phone: 860-779-5350

**NOTIFICATION OF EVENT
 AMUSEMENT AND RECREATION BINGO
 FOR PARENT TEACHER ASSOCIATIONS**

CGB-9A REV 6/11

1. Print or type and, if necessary, use additional sheets. Have application signed by an officer of the organization.
2. The completed form must be mailed to 172 Main St., Danielson, CT 06239
3. The Department must receive this form at **least seven business days** prior to the date of any planned bingo event.

TO: DEPARTMENT OF CONSUMER PROTECTION

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)

Give the date(s), times and location where bingo will be conducted:

Start Date ____/____/____	End Date ____/____/____	Doors Open: ____ am ____ pm	Sales Start: ____ am ____ pm	Games Begin: ____ am ____ pm	Games End: ____ am ____ pm
ADDRESS WHERE BINGO WILL BE PLAYED (No. and Street)		(City or Town)	(State)	(Zip Code)	

Start Date ____/____/____	End Date ____/____/____	Doors Open: ____ am ____ pm	Sales Start: ____ am ____ pm	Games Begin: ____ am ____ pm	Games End: ____ am ____ pm
ADDRESS WHERE BINGO WILL BE PLAYED (No. and Street)		(City or Town)	(State)	(Zip Code)	

Start Date ____/____/____	End Date ____/____/____	Doors Open: ____ am ____ pm	Sales Start: ____ am ____ pm	Games Begin: ____ am ____ pm	Games End: ____ am ____ pm
ADDRESS WHERE BINGO WILL BE PLAYED (No. and Street)		(City or Town)	(State)	(Zip Code)	

Start Date ____/____/____	End Date ____/____/____	Doors Open: ____ am ____ pm	Sales Start: ____ am ____ pm	Games Begin: ____ am ____ pm	Games End: ____ am ____ pm
ADDRESS WHERE BINGO WILL BE PLAYED (No. and Street)		(City or Town)	(State)	(Zip Code)	

Person in charge of the bingo session for the organization:

PRINTED NAME (Person in Charge)	HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	CELL TELEPHONE NUMBER
SIGNED (Ranking Officer of Organization)		TITLE	DATE (Mo., Day, Yr.)
Notification of Event Amusement and Recreation Bingo for a PTA is approved			DATE (Mo., Day, Yr.)

**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.

BINGO SUPPLEMENTAL FORM

INSTRUCTIONS:

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

TO: DEPARTMENT OF CONSUMER PROTECTION

IDENTIFICATION NUMBER

1700005

MEMBER IN CHARGE

Name (please print): Alan Boudreau

Home telephone number: (860) 555-3200

Work telephone number: (860) 555-3750

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.

Alan Boudreau

SIGNED (Member In Charge)

08/28/11

DATE (Mo., Day, Yr.)

BINGO SESSION

Provide the time the doors open to the public: 5:00 pm

Provide the time the sale of cards or sheets begins: 5:30 pm

Provide the time balls will be drawn for the bonanza game (if any): 6:45 pm

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

SPECIAL BINGO BANK ACCOUNT

Account number: 10 0003629900

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

Special Bingo Bank Account I.D. #1700005		Class A	<u>51-3849</u>	1016
St. John's Church – Men's Club			<u>3204</u>	
263 Cedar Mountain Road, Anytown, CT 06000				
		DATE:		
PAY TO				
THE ORDER OF:			\$	
				DOLLARS
THE FIRST NATIONAL BANK				
MEMO		SIGNED		
:320438491 :10 0003629900 ' 1016				

ATTACHMENT

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

BINGO SUPPLEMENTAL FORM

TOWN OF KILLINGLY, CT
Town Manager's Office 172
Main Street
Killingly, CT 06239
Email: jlaroche@killinglyct.gov
Web site: www.killinglyct.gov
Phone: 860-779-5350

INSTRUCTIONS:

1. **Print or type, and attach all required material.**
2. **The completed form must be mailed to:**

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.

INSTRUCTIONS FOR COMPLETION OF THE BINGO PRICE SHEET

- Complete the Bingo Price 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 the type of permit (BA, BB, BM) should be printed in the upper right-hand corner of each page.
- **Identifiable admission:** Provide information regarding the identifiable admission card, sheet or ticket that each player is required to have at an authorized bingo game. Simply provide the color and type of identifiable admission card, sheet or ticket, the number of faces and sheets (if any), and the cost (if any) in the spaces provided.

Package sales: A "regular game" package is simply listed as a "package". Acceptable special game packages are as follows: "early bird package", "special package", or "quickie package". Package colors must be listed in the order that they are played, and the number of sheets must equal the number of colors available. Every sheet must be identified as a border, solid, tint or striped. The exceptions to this rule are "pre-printed" or "tear-open" sheets, but a color still needs to be mentioned. Any color that is also available separately must be noted. **Please Note:** **Bingo cards or sheets must be sold at a uniform unit price, and when a specific colored sheet is sold for a particular game or games, that same color may not be used again during the same bingo session.** For example: A package contains a 3 face red border and there is also a 1 face red border listed as a special. **This is not allowed.**

- **Individual sales:** These must be listed in the order that they are to be played, and numbered accordingly. These games must be identified as "special", "bonanza", "quickie", "early bird", "50/50", "WTA", and "progressive" games. If a game is also sold in a package, it must be noted accordingly.
- **Minimum required admission:** The first line must contain information regarding the identifiable admission card, sheet or ticket. If there are any packages or special games the organization requires each patron to purchase, they must be listed on the lines below the identifiable admission information.
- **Member In Charge:** Both copies of the Bingo Price 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.
- **Amendments:** If any information must be changed after the Bingo Price Sheet has been approved as part of the organization's application, an Application to Amend – Bingo (CGB-5) must be completed and submitted to the Division for consideration of approval. Changes may not be implemented prior to receiving an approved amend form, aside from one exception. Paper colors may be changed on the Bingo Price Sheet without an approved amendment to the permit. All other changes require Division approval.

City, State, Zip Code: Anytown, CT 06000

TYPE OF SALE identifiable admission:	COLOR/TYPE	NUMBER OF FACES	NUMBER OF SHEETS	COST
	ticket	none	none	free

package	*see below	3	12	\$ 2.50
package	*see below	12	12	\$ 10.00

*1 each of: blue, orange, green, yellow, pink, gray, olive, **brown, red, purple, black and aqua borders.

**also sold individually.

bonanza #1	solid orange	1	1	\$ 1.00
WTA #1	solid white	3	1	\$ 1.00
special #1	*brown border	3	1	\$ 0.50
quickie #1	shaded blue	1	1	\$ 0.50
quickie #2	shaded pink	1	1	\$ 0.50
progressive #1	solid yellow	3	1	\$ 1.00

Date 08/28/11

DCP Approval Date _____

BINGO PRICE SHEET

Page 2 of 2

SAMPLEOrganization ID. # 1700005-BAName of Organization: St. John's Church - Men's ClubAddress: 263 Cedar Mountain RoadCity, State, Zip Code: Anytown, CT 06000

TYPE OF SALE	COLOR/TYPE	NUMBER OF FACES	NUMBER OF SHEETS	COST
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individual sales (continued):

WTA #2	solid blue	3	1	\$ 1.00

also sold in packages.*minimum required admission:**

identifiable admission	ticket	none	none	free
			Total	\$ 0.00

Signature of Member-In-Charge Alan BoudreauDate 08/28/11

DCP Approval Date _____

Page 1 of 2

Name of Organization: _____

City, State, Zip code: _____

package sales:

individual sales:

Signature of Member-In-Charge _____ Date _____

Approval D O S R _____ Date _____

Page 2 of 2

Name of Organization: _____

City, State, Zip code: _____

individual sales (continued):

minimum required admission:

Signature of Member-In-Charge _____ Date _____

Approval D O S R _____ Date _____

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 one game. On the prize sheet, a WTA game is a one-line 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

Page 1 of 2

SAMPLEOrganization ID. # 1700005-BAName of Organization: St. John's Church-Men's ClubAddress: 263 Cedar Mountain RoadCity, State, Zip Code: Anytown, CT 06000

Game No.	Game Description Type	Number of Faces per Cards/Sheets and Color	Winning Arrangement	Prizes <u>70</u> or More Players	Prizes <u>69</u> or Less Players
1	bonanza # 1	1 face solid orange	large picture frame	\$ 100.00	\$ 100.00
2	bonanza # 1	1 face solid orange	cover all	\$ 100.00	\$ 100.00
3a	WTA #1	3 face solid white	caller's choice	TBA	TBA
4		3 face blue border	regular bingo	\$ 50.00	\$ 40.00
5		3 face blue border	little joe	\$ 50.00	\$ 40.00
6		3 face orange border	regular bingo	\$ 50.00	\$ 40.00
7		3 face green border	regular bingo	\$ 50.00	\$ 40.00
8		3 face yellow border	regular bingo	\$ 50.00	\$ 40.00
9		3 face yellow border	letter "T" (anyway)	\$ 50.00	\$ 40.00
10		3 face pink border	regular bingo	\$ 50.00	\$ 40.00
11		3 face gray border	regular bingo	\$ 50.00	\$ 40.00
12		3 face olive border	regular bingo	\$ 50.00	\$ 40.00
13	Special #1	3 face brown border	regular bingo	\$ 50.00	\$ 40.00
14	Special #1	3 face brown border	two postage stamps	\$ 100.00	\$ 100.00
15	quickie #1	1 face shaded blue	cover all	\$ 50.00	\$ 40.00
INTERMISSION					
16		3 face red border	regular bingo	\$ 50.00	\$ 40.00
17		3 face red border	letter "L" (anyway)	\$ 50.00	\$ 40.00
18		3 face purple border	regular bingo	\$ 50.00	\$ 40.00
19		3 face black border	regular bingo	\$ 50.00	\$ 40.00
20		3 face black border	layer cake	\$ 50.00	\$ 40.00
21		3 face black border	cover all	\$ 50.00	\$ 40.00

Signature of Member-In-Charge Alan BoudreauDate 08/28/11

DCP Approval Date _____

Page 2 of 2

Organization ID. # 1700005-BA

City, State, Zip Code: Anytown, CT 06000

DCP Approval Date _____

Page 1 of 2

Organization ID. # _____

Name of Organization: _____

Address: _____

City, State, Zip Code: _____

[illegible]

Signature of Member-In-Charge _____ Date _____

Approval Date _____

Page 2 of 2

Organization ID. #

Name of Organization: _____

Address: _____

City, State, Zip Code: _____

[illegible]

Signature of Member-In-Charge _____

Date _____

Approval Date _____