

Town of Killingly
 Town Manager's Office
 172 Main Street, Killingly, CT 06239
 Ph: 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:

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)

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

DAY OF

WEEK: _____ TIME: _____ TO: _____

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

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

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

☐ 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)

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
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townmanager@killinglyct.gov

BINGO SUPPLEMENTAL FORM

INSTRUCTIONS:

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

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:

<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.

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

(Designate Member-In-Charge's Name With An Asterisk)

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?

☒ 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:** 7:00 pm **TO:** 10:00 pm

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)

Anytown

(State)

CT

(Zip Code)

06000

MAXIMUM SEATING CAPACITY ACCORDING TO LAW:

250

WHO OWNS THESE PREMISES? (Name)

(No. and Street)

(City or Town)

(State) (Zip Code)

St. John's Church 263 Cedar Mountain Road, Anytown CT 06000

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)

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 Imeod

DATE (Mo., Day, Yr.)

08/28/11

DATE (Mo., Day, Yr.)

MY COMMISSION EXPIRES:

04/03/15

Application for Bingo Permit is approved