

Town of Killingly

Town Manager's Office

172 Main Street, Killingly, CT 06239

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



**APPLICATION FOR REGISTRATION
 AMUSEMENT AND RECREATION BINGO
 FOR PARENT TEACHER ASSOCIATIONS**

INSTRUCTIONS:

1. Print or type. **Attach payment of the \$20.00 registration fee, payable to "Town of Killingly"**
2. The completed application and fee must be mailed to:
3. An Identification Number will be issued upon approval.

| | | | |
|--|---|------------------|---|
| TO: | IDENTIFICATION NUMBER <i>(To be assigned)</i> | | |
| NAME OF ORGANIZATION | | TELEPHONE NUMBER | |
| STREET ADDRESS <i>(No. and Street)</i> | | (City or Town) | (State) (Zip Code) |
| MAILING ADDRESS <i>(Name)</i> | | (No. and Street) | (City or Town) (State) (Zip Code) |

| LIST OF OFFICERS OF THE SPONSORING ORGANIZATION | | | |
|---|-------|-----------------------------------|-------|
| NAME <i>(Last, First, Middle)</i> | TITLE | NAME <i>(Last, First, Middle)</i> | 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.

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|---------------------------------|
| SIGNED <i>(Ranking Officer)</i> |
| PRINTED NAME of Ranking Officer |
| DATE <i>(Mo., Day, Yr.)</i> |

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

| | | |
|-------------------------------|------------------------|-----------------------------|
| SIGNED <i>(Notary Public)</i> | MY COMMISSION EXPIRES: | DATE <i>(Mo., Day, Yr.)</i> |
|-------------------------------|------------------------|-----------------------------|

| ATTEST |
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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 <i>(Chief of Police or First Selectman)</i> | DATE <i>(Mo., Day, Yr.)</i> |
|--|-----------------------------|

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|---|-----------------------------|
| APPLICATION FOR REGISTRATION AMUSEMENT & RECREATION BINGO FOR A PARENT TEACHER ASSOCIATION IS APPROVED | DATE <i>(Mo., Day, Yr.)</i> |
|---|-----------------------------|

Town of Killingly

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**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 Street, Killingly, CT 06239.
3. The Department must receive this form **at least seven business days** prior to the date of any planned bingo event.

TO: Town of Killingly, CT

| | | | | | |
|--|--|----------------|-----------------------|------------|------------------|
| NAME OF ORGANIZATION | | | IDENTIFICATION NUMBER | | |
| ADDRESS OF ORGANIZATION (No. and Street) | | (City or Town) | (State) | (Zip Code) | TELEPHONE NUMBER |
| 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.)