

**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
Town Manager's Office
172 Main Street, Killingly, CT 06239
Ph: 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 \$.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)	
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)

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.)
APPLICATION FOR REGISTRATION AMUSEMENT & RECREATION BINGO FOR A PARENT TEACHER ASSOCIATION IS APPROVED	DATE (Mo., Day, Yr.)

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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 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)	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)	

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ADDRESS WHERE BINGO WILL BE PLAYED (No. and Street)		(City or Town)	(State)	(Zip Code)	

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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.)
			DATE (Mo., Day, Yr.)

Notification of Event Amusement and Recreation Bingo for a PTA is approved