

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

INSTRUCTIONS:

1. Print or type.
2. Mail application to: 172 Main Street, Killingly, CT 06239.
3. An Identification Number will be issued upon approval.

TO: Town of Killingly		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.)