



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 submitted to the Southbury Police Dept. Records Division.

|  |  |                       |                    |
|--|--|-----------------------|--------------------|
| TO:                                      |  | PERMIT NUMBER         |                    |
| 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) |
|  |  | DATE ORGANIZED        |                    |
|  |  | TELEPHONE NUMBER      |                    |

| OFFICERS OF THE ORGANIZATION |  |       |  |
|------------------------------|--|-------|--|
| NAME (Last, First, Middle)   |  | TITLE |  |
| 1.                           |  | 3.    |  |
| 2.                           |  | 4.    |  |

**Check Type of Permit Applied for and Indicate Day(s) and Date(s):**

|  |   |
|--|---|
| <input type="checkbox"/> <b>CLASS A</b> (One day each week from issue date to 9/30) (Fee: \$75)<br>DAY OF _____<br>WEEK: _____ TIME: _____ TO: _____ | <input type="checkbox"/> <b>CLASS B</b> (Maximum of ten successive days) (Fee: \$10 per day)<br>DATE: _____ TO: _____ TIME: _____ TO: _____ |
| <input type="checkbox"/> <b>CLASS C</b> (One day each month from issue date to 9/30) (Fee: \$50)   |   |

|                        |               |             |                        |               |             |
|------------------------|---------------|-------------|------------------------|---------------|-------------|
| JAN ____ / ____ / ____ | FROM: ____ pm | TO: ____ pm | JUL ____ / ____ / ____ | FROM: ____ pm | TO: ____ pm |
| FEB ____ / ____ / ____ | FROM: ____ am | TO: ____ am | AUG ____ / ____ / ____ | FROM: ____ pm | TO: ____ pm |
| MAR ____ / ____ / ____ | FROM: ____ pm | TO: ____ pm | SEP ____ / ____ / ____ | FROM: ____ am | TO: ____ am |
| APR ____ / ____ / ____ | FROM: ____ am | TO: ____ am | OCT ____ / ____ / ____ | FROM: ____ pm | TO: ____ pm |
| MAY ____ / ____ / ____ | FROM: ____ pm | TO: ____ pm | NOV ____ / ____ / ____ | FROM: ____ am | TO: ____ am |
| JUN ____ / ____ / ____ | FROM: ____ am | TO: ____ am | DEC ____ / ____ / ____ | FROM: ____ pm | TO: ____ pm |

|  |                |         |      |  |
|--|----------------|---------|------|--|
| ADDRESS WHERE BINGO WILL BE PLAYED (No. and Street)<br>Code) | (City or Town) | (State) | (Zip | MAXIMUM SEATING CAPACITY ACCORDING TO LAW: |
|--|----------------|---------|------|--|

|  |                  |                |         |      |  |                     |
|--|------------------|----------------|---------|------|--|---------------------|
| WHO OWNS THESE PREMISES? (Name)<br>Code) | (No. and Street) | (City or Town) | (State) | (Zip | RENTING/LEASING?<br><input type="checkbox"/> YES <input 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) |  |
|  | 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) |  | MY COMMISSION EXPIRES: |
|  | DATE (Mo., Day, Yr.)   |  |                        |

|  |                      |
|--|----------------------|
| Application for Bingo Permit is approved | DATE (Mo., Day, Yr.) |
|--|----------------------|

## BINGO SUPPLEMENTAL FORM

### 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.*)