



# Town of East Hartford Police Department

31 School Street  
East Hartford, CT 06108-2638  
(860) 528-4401



Marcia A. Leclerc  
Mayor

Scott M. Sansom  
Chief of Police

## Application 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: East Hartford Police Department

TO: East Hartford Police Department		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)  
 DAY OF \_\_\_\_\_ TIME: \_\_\_\_\_ TO: \_\_\_\_\_

**CLASS B** (Maximum of ten successive days) (Fee: \$ 10.00 per day)  
 DATE: \_\_\_\_\_ TO: \_\_\_\_\_ TIME: \_\_\_\_\_ TO: \_\_\_\_\_

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

>5 B	FROM: _____ am TO: _____ am	JUL	FROM: _____ am TO: _____ am
FEB	FROM: _____ pm TO: _____ pm	AUG	FROM: _____ pm TO: _____ pm
MAR	FROM: _____ am TO: _____ am	SEP	FROM: _____ am TO: _____ am
APR	FROM: _____ pm TO: _____ pm	OCT	FROM: _____ pm TO: _____ pm
MAY	FROM: _____ am TO: _____ am	NOV	FROM: _____ am TO: _____ am
JUN	FROM: _____ pm TO: _____ pm	DEC	FROM: _____ pm TO: _____ 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
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.)	
<b>Application for Bingo Permit is approved</b>	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: East Hartford Police Department**

TO: East Hartford Police Department	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 ( <i>Member In Charge</i> )	DATE ( <i>Mo., Day, Yr.</i> )
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**BINGO SESSION**

Provide the time the doors open to the public: \_\_\_\_\_

Provide the time the sale of cards or sheets begins: \_\_\_\_\_

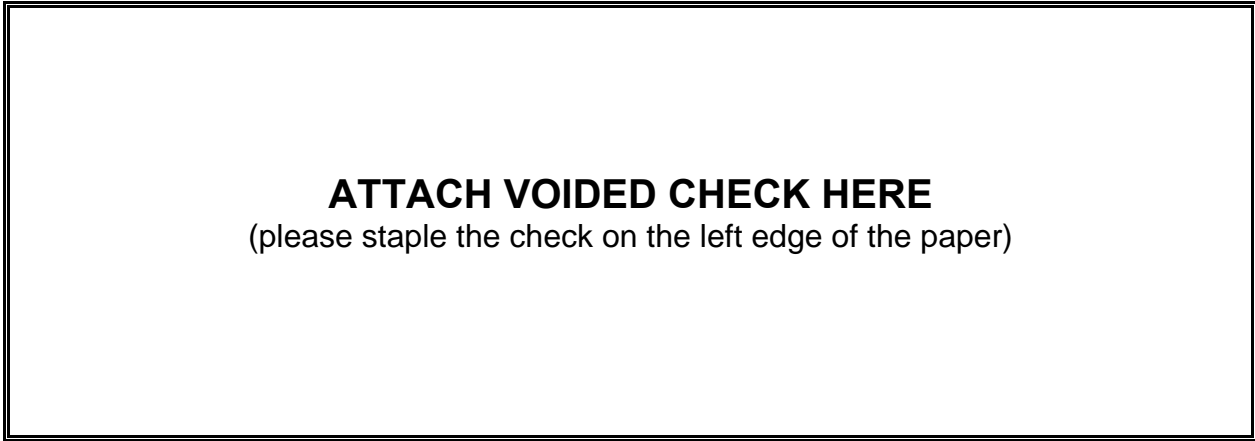
Provide the time balls will be drawn for the bonanza game (if any): \_\_\_\_\_

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:



**ATTACHMENT**

Attach one **original** identifiable admission card, sheet or ticket. A photocopy is **not** acceptable.