

Town of East Hartford Police Department

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



Mack S. Hawkins Chief of Police

Application to Conduct Bingo Charitable Games

Mayor INSTRUCTIONS:

1. Print or type and, if necessary, use addition 2. The completed form must be mailed to:	onal sheets. Have a				
TO:	PERMIT NUMBER				
NAME OF ORGANIZATION		IDENTIFICATION NUMBER			
ADDRESS OF ORGANIZATION (No. and Street) (City or To		own) (m) (State) (Zip Code) DATE ORGANIZED		
MAILING ADDRESS (No. and Street)	own) (State) (Zip Code)	TELEPHONE NUMBER		
OFFICERS OF THE ORGANIZATION					
NAME (Last, First, Middle)	TITLE		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.		(Last, First, Middle)	P.I.N.	
1.		5.			
2.		6.			
3.		7.			
4.		8.			
MEMBER IN CHARGE: Is the Member in Charge a bo organization and a member in good standing for at I		er of the	YES		
Check Type of Permit Applied for and Indicat		(s):			
CLASS A (One day each week from issue date to 9/30)	(Fee: \$.00)	CLASS B (Maximu	m of ten successive day	/s) (Fee: \$.00 per day)	
DAY OF WEEK: TIME: TO	. .		. TIME:	то:	
	0		IIME.	10:	
CLASS C (One day each month from issue date to 9/3	0) (Fee: \$.00)	ļ			
am	an			am am	
>5 B// FROM:pm ` am	TO:pn an		_ FROM:	pm TO:pm am am	
	TO:pn		FROM:		
am MAR// FROM:pm ·	an TO: pn		FROM	am am pm TO: pm	
am	an			am am	
APR// FROM:pm am	TO:pn		FROM:	pm TO:pm am am	
	an TO:pn		FROM:	pm TO:pm	
am JUN// FROM:pm ·	an TO:pn		FROM:	am am pm TO:pm	
ADDRESS WHERE BINGO WILL BE PLAYED (No. and Street) (City or Town) (State) (Zip Code) MAXIMUM SEATING CAPACITY ACCORDING					
WHO OWNS THESE PREMISES? (Name) (No. and	Street) (City	or Town) (State) (Zip Code)		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 DATE (Mo., Day, Yr.					
Connecticut General Statutes and with all Administrative Regulations concerning Bingo Gar Personally appeared the signer of the foregoing statement and made oath before me to the truth of matters contained therein.				MY COMMISSION EXPIRES:	
DATE (Mo., Day, Yr.)					
Application for Bingo Permit is approved		(Mo., Day, Yr.)			

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: ()	
governing Bingo and the Administrative Regulations, Operation	n, do hereby state that I have read the Connecticut General Statutes n Of Bingo Games, and that I will be responsible for the holding the terms of the permit, and the provisions of the Bingo law and the
SIGNED (Member In Charge)	DATE (Mo., Day, Yr.)
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 g	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:

ATTACH VOIDED CHECK HERE

(please staple the check on the left edge of the paper)

ATTACHMENT

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