



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 mailed to: Beacon Falls First Selectman's Office, Town Hall, 10 Maple Ave.

Beacon Falls, CT 06403

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	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: \$.00)

DAY OF WEEK: _____ **TIME:** _____ **TO:** _____

☐ **CLASS B** (Maximum of ten successive days) (Fee: \$.00 per day)

DATE: _____ **TO:** _____ **TIME:** _____ **TO:** _____

☐ **CLASS C** (One day each month from issue date to 9/30)(Fee: \$.00)

JAN _____ / _____ / _____	FROM: _____ am	TO: _____ pm	JUL _____ / _____ / _____	FROM: _____ am	TO: _____ pm
FEB _____ / _____ / _____	FROM: _____ am	TO: _____ pm	AUG _____ / _____ / _____	FROM: _____ am	TO: _____ pm
MAR _____ / _____ / _____	FROM: _____ am	TO: _____ pm	SEP _____ / _____ / _____	FROM: _____ am	TO: _____ pm
APR _____ / _____ / _____	FROM: _____ am	TO: _____ pm	OCT _____ / _____ / _____	FROM: _____ am	TO: _____ pm
MAY _____ / _____ / _____	FROM: _____ am	TO: _____ pm	NOV _____ / _____ / _____	FROM: _____ am	TO: _____ pm
JUN _____ / _____ / _____	FROM: _____ am	TO: _____ pm	DEC _____ / _____ / _____	FROM: _____ am	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?					FOR OFFICE USE ONLY
<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)

DATE (Mo., Day, Yr.)

MY COMMISSION EXPIRES:

DATE (Mo., Day, Yr.)

Application for Bingo Permit is approved

BINGO SUPPLEMENTAL FORM

INSTRUCTIONS:

1. **Print or type, and attach all required material.**
2. **The completed form must be mailed to:** Beacon Falls First Selectman's Office, Town Hall, 10 Maple Ave. Beacon Falls, CT 06403

TO:	IDENTIFICATION NUMBER
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MEMBER IN CHARGE

Name (please print): _____

Home telephone number: (_____) _____

Work telephone number: (_____) _____

I, the under signed 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.*)

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:

<p style="text-align: center;">ATTACH VOIDED CHECK HERE (please staple the check on the left edge of the paper)</p>
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ATTACHMENT

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