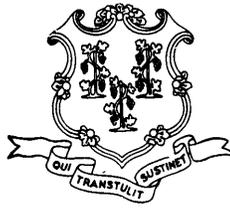


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 License Services/Charitable Games
 165 Capitol Avenue
 Hartford, CT 06106
 Email: DCP.GamingCharitable@CT.gov
 Web site: www.ct.gov/dcp



APPLICATION FOR REGISTRATION
 AMUSEMENT AND RECREATION BINGO
 FOR PARENT TEACHER ASSOCIATIONS

CGB-9 REV. 06/11

INSTRUCTIONS:

1. Print or type. **Attach payment of the \$80.00 registration fee, payable to the Treasurer ST. of CT.**
2. Mail application to **165 Capitol Ave., Hartford, CT 06106.**
3. The Department of Consumer Protection will assign an Identification Number.

TO: DEPARTMENT OF CONSUMER PROTECTION	IDENTIFICATION NUMBER <i>(To be assigned by Consumer Protection)</i>
NAME OF ORGANIZATION	TELEPHONE NUMBER
STREET ADDRESS <i>(No. and Street)</i>	<i>(City or Town)</i> <i>(State)</i> <i>(Zip Code)</i>
MAILING ADDRESS <i>(Name)</i>	<i>(No. and Street)</i> <i>(City or Town)</i> <i>(State)</i> <i>(Zip Code)</i>

LIST OF OFFICERS OF THE SPONSORING ORGANIZATION			
NAME <i>(Last, First, Middle)</i>	TITLE	NAME <i>(Last, First, Middle)</i>	TITLE
1.		4.	
2.		5.	
3.		6.	

I, the undersigned ranking officer of subject organization, do hereby state that all Bin go sessions operated by subject organization under this registration will be conducted in compliance with the Connecticut General Statutes and with all Administrative Regulations concerning Recreational Bingo for Parent Teacher Associations.	SIGNED <i>(Ranking Officer)</i> <hr/> PRINTED NAME of Ranking Officer <hr/> DATE <i>(Mo., Day, Yr.)</i>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------

OATH		
Personally appeared the signer of the foregoing statement and made oath before me to the matter contained herein.		
SIGNED <i>(Notary Public)</i>	MY COMMISSION EXPIRES:	DATE <i>(Mo., Day, Yr.)</i>

ATTEST	
To the best of my knowledge and belief, information contained in this application is:	
<input type="checkbox"/>	True and correct and subject organization qualifies for and SHOULD be issued a registration and an Identification Number.
<input type="checkbox"/>	Not true or correct and subject organization SHOULD NOT be issued a registration and an Identification Number.

COMMENTS	
SIGNED <i>(Chief of Police or First Selectman)</i>	DATE <i>(Mo., Day, Yr.)</i>
APPLICATION FOR REGISTRATION AMUSEMENT & RECREATION BINGO FOR A PARENT TEACHER ASSOCIATION IS APPROVED	DATE <i>(Mo., Day, Yr.)</i>

**INSTRUCTIONS FOR COMPLETION OF AN APPLICATION FOR REGISTRATION
AMUSEMENT AND RECREATION BINGO FOR PARENT TEACHER ASSOCIATIONS
(CGB-9)**

1. Do **NOT** provide an identification number. The Department will assign an identification number to your organization.
2. Print or type the name of the sponsoring organization and the complete organization address (number, street, city/town, state, zip code).
3. Provide a complete mailing address (number, street, city/town, state, zip code).
4. Print the telephone number of the sponsoring organization.
5. List the complete name (last, first, middle) and the title of each officer of the sponsoring organization. An additional sheet may be attached, if necessary.
6. The application form must be signed and dated by one of the ranking officers of the organization, and he/she must print his/her name.
7. The application form must be signed and dated by an authorized Notary Public. Please be sure the notary seal and/or the date the Notary Public's commission expires are used on this document. Applications **will not** be accepted without this important information.
8. Have the application form attested to by your local Chief of Police/First Selectman, who must indicate that to the best of his/her knowledge and belief, the information contained in the application is either "true and correct and subject organization qualifies for and **SHOULD** be issued a registration and an Identification Number" or "not true or correct and subject organization **SHOULD NOT** be issued a registration and an Identification Number". The Chief of Police/First Selectman must also sign and date the form.
9. Prepare a check, payable to the Treasurer State of Connecticut in the amount of \$80.00, for payment of the registration fee.
10. Upon completion of the application, submit all copies of the form, and the **registration fee**, as well as any attachments, to the Department of Consumer Protection for approval.
11. If you have any questions or concerns pertaining to the completion of the application form, please do not hesitate to contact us at (860) 713-6140.