City of Stamford, Connecticut
Police Department
805 Bedford Street
Stamford, CT 06901
Email: fkay@stamfordct.gov
Web: stamfordpd.org
Phone: 203-977-4855

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:** Stamford Police Department with a check for $25.00 made payable to City of Stamford

TO:		**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: $ .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)**

>5 B ___/___/___	FROM: _____ am pm	TO: _____ am pm	JUL ___/___/___	FROM: _____ am pm	TO: _____ am pm
FEB ___/___/___	FROM: _____ am pm	TO: _____ am pm	AUG ___/___/___	FROM: _____ am pm	TO: _____ am pm
MAR ___/___/___	FROM: _____ am pm	TO: _____ am pm	SEP ___/___/___	FROM: _____ am pm	TO: _____ am pm
APR ___/___/___	FROM: _____ am pm	TO: _____ am pm	OCT ___/___/___	FROM: _____ am pm	TO: _____ am pm
MAY ___/___/___	FROM: _____ am pm	TO: _____ am pm	NOV ___/___/___	FROM: _____ am pm	TO: _____ am pm
JUN ___/___/___	FROM: _____ am pm	TO: _____ am pm	DEC ___/___/___	FROM: _____ am pm	TO: _____ am 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? ☐ YES ☐ 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.)*	

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.)*

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:

ATTACH VOIDED CHECK HERE
(please staple the check on the left edge of the paper)

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