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.

TO: NAME OF ORGANIZATION				-						
NAME OF ORGANIZATION	TO:				PERMIT NUMBER					
		I			IDENTIFICATION NUMB	BER				
ADDRESS OF ORGANIZATION (No. and Street) (C		City or Towr	ty or Town) (tate) (Zip Code)	DATE ORG	GANIZED			
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	OFFICERS	OF TH		ZATION						
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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.