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

## **INSTRUCTIONS:**

**IS APPROVED** 

## 1. Print or type. Attach payment of the \$ .00 registration fee, payable to " Stamford Police Department"

- 2. The completed application and fee must be mailed to:
- 3. An Identification Number will be issued upon approval.

	IDENTIFICA	DENTIFICATION NUMBER (To be assigned)				
то:						
NAME OF ORGANIZATION					TELEPHONE NUMBER	
STREET ADDRESS (No. and Street)		(City or 1	(City or Town)			(Zip Code)
MAILING ADDRESS (Name)	(No. and Street)		(City or Town)		(State)	(Zip Code)
LIST O	F OFFICERS OF	THE SPONSO	RING C	RGANIZATION		
NAME (Last, First, Middle)	TITLE		NAME (Last, First, Middle)		TITLE	
1.		4.				
2.		5.	5.			
3.		6.				
I, the undersigned ranking officer of subject organization, do hereby that all Bingo sessions operated by subject organization under registration will be conducted in compliance with the Connecticut Ge Statutes and with all Administrative Regulations concerning Recreat Bingo for Parent Teacher Associations.			IS PRINTED NAME of Ranking Officer al			
		OATH				
Personally appeared the signer of the	e foregoing stat	ement and made	e oath	before me to the m	atter contain	ed herein.
SIGNED (Notary Public)		MY COMMISSION EXPIRES:		DATE (Mo., Day, Yr.)		
ATTEST						
To the best of my knowledge an	d belief, infor	mation contai	ned ir	n this application	ı is:	
<ul> <li>True and correct and subject or</li> <li>Number.</li> <li>Not true or correct and subject or</li> </ul>				-		
COMMENTS	<b>_</b>					
SIGNED (Chief of Police or First Selectman)		DATE (Mo., Day, Yr.)				
APPLICATION FOR REGISTRATION AMUSEME RECREATION BINGO FOR A PARENT TEACHE	DATE (Mo., Day, Yr.)					