

**Windsor Police Department**  
**110 Addison Road**  
**Windsor, CT 06095**  
**(860) 688-5273**

**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:

<b>TO:</b>		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			
1.	NAME (Last, First, Middle)	TITLE	2.

ORGANIZATION MEMBERS WHO ARE HOLDERS OF PERSONAL IDENTIFICATION NUMBERS <small>(Designate Member-In-Charge's Name With An Asterisk)</small>			
1.	NAME (Last, First, Middle)	P.I.N.	2.

**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):**

<input type="checkbox"/> <b>CLASS A</b> (One day each week from issue date to 9/30) (Fee: \$ .00) DAY OF _____ WEEK: _____ TIME: _____ TO: _____	<input type="checkbox"/> <b>CLASS B</b> (Maximum of ten successive days) (Fee: \$ .00 per day) DATE: _____ TO: _____ TIME: _____ TO: _____
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**CLASS C** (One day each month from issue date to 9/30) (Fee: \$ .00)

>5 B	FROM: _____ am	TO: _____ am	JUL	FROM: _____ am	TO: _____ am
FEB	FROM: _____ pm	TO: _____ pm	AUG	FROM: _____ pm	TO: _____ pm
MAR	FROM: _____ am	TO: _____ am	SEP	FROM: _____ am	TO: _____ am
APR	FROM: _____ pm	TO: _____ pm	OCT	FROM: _____ pm	TO: _____ pm
MAY	FROM: _____ am	TO: _____ am	NOV	FROM: _____ am	TO: _____ am
JUN	FROM: _____ pm	TO: _____ pm	DEC	FROM: _____ pm	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)	
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.

Personally appeared the signer of the foregoing statement and made oath before me to the truth of matters contained therein.	SIGNED (Ranking Officer) _____ DATE (Mo., Day, Yr.) _____
Application for Bingo Permit is approved	SIGNED (Notary Public) _____ DATE (Mo., Day, Yr.) _____ MY COMMISSION EXPIRES: _____







NOTICE AND STATEMENT  
OF APPLICANT

**INSTRUCTIONS:**

1. Please sign this form in the two areas provided below.
2. Submit completed form to the Records Division - Windsor Police Department

**NOTICE**

The purpose of this notice is to advise that all applications for registrations/permits are individually checked for convictions of any crime other than traffic violations.

Your failure to truthfully disclose any such convictions, either for yourself or your spouse may result in the denial of your application for registrations/permits.

Similarly, your failure to provide all of the details of ANY conviction, such as the date of the conviction, the offense of which you were convicted, the court location where you were convicted and the disposition made by the court in your case – i.e., 30 days - \$50.00 fine, probation, etc. will also be cause for denial of the registration/permit.

In addition, any falsification or untruthful answer to any other question on the application may result in a denial of the registration/permit.

Please sign this form where indicated below.

I hereby acknowledge that I have read the foregoing notice.

\_\_\_\_\_  
*Printed Name of Applicant*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

STATEMENT OF APPLICANT

BY THE ACCEPTANCE OF ANY REGISTRATION/PERMIT issued pursuant to this application:

I agree to abide by the applicable Regulations.

I HEREBY CERTIFY that I have read the foregoing application and affirm that every statement contained therein is TRUE, COMPLETE AND CORRECT. I understand that if I misstate or omit any fact, I am subject to the penalties provided by law and by the above-mentioned applicable regulations.

I HEREBY AUTHORIZE the Windsor Police Department to investigate any and all records concerning my background, including – but not limited to – any criminal convictions. I FULLY UNDERSTAND the preceding WAIVER.

\_\_\_\_\_  
*Printed Name of Applicant*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**APPLICATION FOR PERSONAL  
IDENTIFICATION NUMBER  
(P.I.N.) BINGO**

**INSTRUCTIONS:**

1. Print or type.
2. Complete and attach Notice and Statement of Applicant.
3. Submit application to the Records Division - Windsor Police Department
4. A Personal Identification Number (P.I.N.) will be issued upon approval.

<b>TO:</b>					P.I.N.				
NAME OF APPLICANT (Last) (First) (Middle)				SOCIAL SECURITY NUMBER					
ADDRESS OF APPLICANT (No. and Street) (City or Town) (State) (Zip Code)				TELEPHONE NUMBER					
HOW LONG AT PRESENT ADDRESS?			PREVIOUS ADDRESS (No. and Street) (City or Town) (State) (Zip Code)						
DATE OF BIRTH (Mo.) (Day) (Yr.)		PLACE OF BIRTH		SEX M <input type="checkbox"/> F <input type="checkbox"/>		HEIGHT		WEIGHT	
Have you <b>EVER</b> been convicted of any crime, felony, misdemeanor, disorderly persons offense or other offense other than a traffic violation?								YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF "YES", GIVE DETAILS:									
ORGANIZATION REPRESENTED (Name) (No. and Street) (City or Town) (State) (Zip Code)									
ORGANIZATION'S IDENTIFICATION NUMBER					HOW LONG HAVE YOU BEEN A BONAFIDE MEMBER OF ORGANIZATION? Please specify in terms of years or months.				
YEARS					MONTHS				
Have you ever applied for a P.I.N. to operate bingo games for any other organization?								YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF "YES", GIVE DETAILS: (Organization Name) (No. and Street) (City or Town) (State) (Zip Code)								ASSIGNED P.I.N.	
APPLICANT'S SIGNATURE (Please sign with blue or black ink only)							DATE (Mo., Day, Yr.)		
I hereby certify that the above named applicant is a bonafide member of the represented organization.									
SIGNATURE OF ORGANIZATION RANKING OFFICER (Note: The applicant may not sign as an officer)							DATE (Mo., Day, Yr.)		
<b>DO NOT WRITE BELOW THIS LINE</b>									
<b>APPLICATION FOR P.I.N. IS APPROVED</b>					DATE (Mo., Day, Yr.)				

APPLICATION FOR ORGANIZATION  
REGISTRATION ID FOR AMUSEMENT  
AND RECREATION BINGO

INSTRUCTIONS:

1. Print or type.
2. Submit completed application to the Records Division - Windsor Police Department
3. An Identification Number will be issued upon approval.

				IDENTIFICATION NUMBER (To be assigned)	
NAME OF ORGANIZATION			TELEPHONE NUMBER		
STREET ADDRESS (No. and Street)		(City or Town)	(State)	(Zip Code)	
MAILING ADDRESS (Name)	(No. and Street)	(City or Town)	(State)	(Zip Code)	

Does your organization consist of members sixty (60) years of age or older?       YES       NO

**INDICATE DAY(S) OF WEEK AND HOURS OF BINGO OPERATION**

1 <input type="checkbox"/> SUNDAY 2 <input type="checkbox"/> MONDAY 3 <input type="checkbox"/> TUESDAY 4 <input type="checkbox"/> WEDNESDAY	From: _____ am _____ pm      To: _____ am _____ pm From: _____ am _____ pm      To: _____ am _____ pm From: _____ am _____ pm      To: _____ am _____ pm From: _____ am _____ pm      To: _____ am _____ pm	5 <input type="checkbox"/> THURSDAY 6 <input type="checkbox"/> FRIDAY 7 <input type="checkbox"/> SATURDAY	From: _____ am _____ pm      To: _____ am _____ pm From: _____ am _____ pm      To: _____ am _____ pm From: _____ am _____ pm      To: _____ am _____ pm
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ADDRESS WHERE BINGO WILL BE PLAYED (No. and Street)      (City or Town)      (State)      (Zip Code)

I, the undersigned ranking officer of subject organization, do hereby state that all Bingo sessions operated by subject organization under this registration will be conducted in compliance with Connecticut General Statutes and with all Administrative Regulations concerning Amusement and Recreation Bingo.	SIGNED (Ranking Officer)
	PRINTED NAME of Ranking Officer
	DATE (Mo., Day, Yr.)

**OATH**

Personally appeared the signer of the foregoing statement and made oath before me to the matter contained herein.

SIGNED (Notary Public)	MY COMMISSION EXPIRES:	DATE (Mo., Day, Yr.)
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**ATTEST**

To the best of my knowledge and belief, information contained in this application is:

- True and correct and subject organization qualifies for and **SHOULD** be issued a registration and an Identification Number.
- Not true or correct and subject organization **SHOULD NOT** be issued a registration and an Identification Number.

COMMENTS

SIGNED (Chief of Police or First Selectman)	DATE (Mo., Day, Yr.)
<b>APPLICATION FOR AMUSEMENT AND RECREATION BINGO REGISTRATION IS APPROVED</b>	DATE (Mo., Day, Yr.)