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

## APPLICATION FOR PERMIT TO CONDUCT BINGO CHARITABLE GAMES

### **INSTRUCTIONS:**

Print or type and, if necessary, use additional sheets. Have application notarized.
 The completed form must be mailed to:

2. The completed to	rm must be mai	ied to:								
TO:					PERMIT N	UMBER				
NAME OF ORGANIZATION							IDENTIFICATION N	UMBER		
ADDRESS OF ORGANIZATION	(No. and Street)		(	(City or Tow	n)	(	  State) (Zip Code	DATE C	RGANIZED	
MAILING ADDRESS	(No. and Street)		(	(City or Tow	ın)	(	State) (Zip Code	) TELEP	HONE NUME	BER
			OFFICERS	OF TH	E ORG	ANIZATION				
NAME (La	st, First, Middle)		TITLI				Last, First, Middle	)		TITLE
1.	., .,				3.	,		,		
2.					4.					
ORGA	NIZATION MEI	MBERS				PERSONAL e With An Asterisk		TION NUM	IBERS	
NAME (L	ast, First, Middle)		P.I.I		l ge 3 Ham		(Last, First, Middl	'e)		P.I.N.
1.					5.					
2.					6.					
3.					7.					
4.					8.					
MEMBER IN CHARGE: Is organization and a mem Check Type of Permi CLASS A (One day ea DAY OF	ber in good stand t Applied for and the week from issue of	ing for at d Indica late to 9/36	te Day(s) and () (Fee: \$ .00)	hs? I Date(s	): 	-	☐ YE	re days) <b>(Fee:</b>	\$ .00 pe	
WEEK:	_ TIME:	7	го:		DATE:	то	D: T	IME:	TO:	
CLASS C (One day ea	ch month from issue	date to 9/	30) (Fee: \$ .00)	)	1					
		am		am				am		am
>5B//	FROM:	pm	TO:	pm	JUL _		_ FROM:	pm	TO: _	pm
FEB//	FROM:	am pm am	то:	am pm am	AUG		_ FROM:	am pm am	TO: _	am pm am
MAR//	FROM:	pm	TO:	pm	SEP		_ FROM:	pm	TO: _	pm
APR//	FROM:	am pm	TO:	am pm	ОСТ		FROM:	am pm	TO: _	pm
MAY/	FROM:	am pm	то:	am pm	NOV		_ FROM:	am pm	TO: _	am pm
JUN//	FROM:	am pm	то:	am pm	DEC		FROM:	am pm	то: _	am pm
ADDRESS WHERE BINGO WILL	BE PLAYED (No. and	Street)		(City o	r Town)	(-	State) (Zip Cod		SEATING ACCORDIN	G
WHO OWNS THESE PREMISES	? (Name)	(No. and	d Street)	(City or	Town) (	State) (Zip Code)	RENTING/LEASING  YES		FOR O	FFICE USE ONLY
I, the undersigned ranki operated by subject org	anization under th	is permit	will be conduc	ted in co	mplianc	e with the	SIGNED (Rankin DATE (Mo., Day	,		
Connecticut General Sta	itutes and with all	Administ	trative Regulati		-	-	:= (:::o:, =uy	1	IN/ 00:	OLON EVENES
Personally appeared the made oath before me to					(Notary Pu	,			MY COMMIS	SSION EXPIRES:
Application for Bingo	Permit is appro	oved		DATE (	Mo., Day, Y	r.)				

### **INSTRUCTIONS:**

- 1. Print or type, and attach all required material.

2. The completed form must be mailed to:	
то:	IDENTIFICATION NUMBER
MEMBER IN CHARGE	
Name (please print):	
Home telephone number: _()	
Work telephone number: ( )	
governing Bingo and the Administrative Regulations, Operation and conduct of all Bingo sessions in accordance wit administrative regulations governing Bingo.	ion, do hereby state that I have read the Connecticut General Statutes ion Of Bingo Games, and that I will be responsible for the holding, the 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	a game (if any):
Provide the time the bingo games will start:	
SPECIAL BINGO BANK ACCOUNT (for Class A&	C ONLY)
Account number:	
	cial bingo bank account in the space provided below:
ATTACH VOIDED CH	ECK HEDE

# 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.

BINGO PRICE SHEET Page 1 of 2		Organization	Organization ID. #				
Name of Organization: _							
Address:							
City, State, Zip code:							
TYPE OF SALE	COLOR/TYPE	NUMBER OF FACES	NUMBER OF SHEETS	COST			
identifiable admission:				\$			
identinable admission.		A		\$			
package sales:							
				\$			
				\$			
	a salah s			\$			
				\$			
				\$			
			,	\$			
				\$			
				<b> \$</b>			
				\$			
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				\$			
	The state of the s						
*				A A A A A A A A A A A A A A A A A A A			
individual sales:				\$			
				\$			
				\$ .			
	· · · · · · · · · · · · · · · · · · ·			\$			
				\$			
				\$			
Olamakana af Mara Isan Isan Isan Ol	0,400		Date				
Signature of Member-In-Ch	arge	material and an analysis of the second secon	บลเษ				
Approval DOSR		Date					

BINGO PRICE SHEET Page 2 of 2	Organization ID. #						
Name of Organization: Address: City, State, Zip code:			-				
TYPE OF SALE	COLOR/TYPE	NUMBER OF FACES	NUMBER OF SHEETS	COST			
ndividual sales (continu	ed):						
ilaiviaaai saise (eenima				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
minimum required admi	ssion:	,		\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
			Total	\$			
Signature of Member-In-	Charge		Date				
Approval D.O.S.P.			Date				

Approval DOSR\_

# NOTICE AND STATEMENT OF APPLICANT

<b>:</b>

- 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 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.

Signature of Applicant	Date
>	ignature of Applicant

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

- INSTRUCTIONS:
   Print or type.
   Complete and attach Notice and Statement of Applicant.
   Submit application to the Records Division Windsor Police Department

			P.I.N.		
0:					
				SOCIAL SECUE	DITY NUMBER
AME OF APPLICANT (Last)	(First)	(Mi	ddle)	SOCIAL SECO	
				TELEPH	ONE NUMBER
DDRESS OF APPLICANT (No. and Street)	(City or Town)	(State)	(Zip Code)		
OW LONG AT PRESENT ADDRESS?	VIOUS ADDRES	S (No. and Street)	(City or To	own) (State)	(Zip Code)
ATE OF BIRTH PLACE OF BIRTH		SEX		HEIGHT	WEIGHT
(Mo.) (Day) (Yr.)		мС	] F [		
lave you <b>EVER</b> been convicted of any disorderly persons offense or other offe	crime, felony ense other th	/, misdemeanor, an a traffic violat	ion?	YES 🗆	NO 🗆
F "YES", GIVE DETAILS:					
1 (10)					
			City or Town)	(State) (	Zip Code)
ORGANIZATION REPRESENTED (Name)	(No. and St	,		,	
ORGANIZATION'S IDENTIFICATION NUMBER	F	IOW LONG HAVE YOU E Please specify in terms o	BEEN A BONAFID of years or month	E MEMBER OF ORGAN s.	IZATION?
	\	/EARS	MC	ONTHS	
Have you ever applied for a P.I.N. to	o operate bi	ngo games for	any other	organization?	YES ☐ NO ☐
IF "YES", GIVE DETAILS: (Organization Name)	(No. and Street)	(City or Town)	(State	) (Zip Code)	ASSIGNED P.I.N.
11 140,0144					
APPLICANT'S SIGNATURE (Please sign with blue	or black ink only)		Name of the state	DATE (Mo., E	ay, Yr.)
I hereby certify that the above named a	applicant is a	ı bonafide memb	er of the rep	resented organi	zation.
SIGNATURE OF ORGANIZATION RANKING OFF				DATE (Mo., I	
SIGNATURE OF ORGANIZATION RANKING OFF	IVEN (Note: The a	ppacenting not agn as an			
D	O NOT WF	RITE BELOW T	HIS LINE		
	DATE (Mo.,	Nav Vc1			
		vay, 11./			
APPLICATION FOR P.I.N. IS APPROVED					

APPLICATION FOR ORGANIZATION REGISTRATION ID FOR AMUSEMENT AND RECREATION BINGO

### INSTRUCTIONS:

- Print or type.
   Submit completed application to the Records Division Windsor Police Department

3. An Identification Number will be issued upon approval.	INCUMERATION N	HIDED (To be assigned)		
	IDENTIFICATION W	UMBER (To be assigned)		
NAME OF ORGANIZATION			TELEPHONE NUME	BER
STREET ADDRESS (No. and Street)	(City or Town)	(Stat	e)	(Zip Code)
STREET ADDRESS (No. and oncey	,	•		
MAILING ADDRESS (Name) (No. and Street)		(City or Town)	(State)	(Zip Code)
Does your organization consist of members sixty (60)	) years of age or old	ler? 🔲 Y	ES NO	
INDICATE DAY(S) OF WEEK AND HOURS OF BINGO	OPERATION			
1 SUNDAY From: am To:	am 5 TH	URSDAY From:_	am pmTo: am pmTo:	am <sup>†</sup> j
2 MONDAY From: am To:	am 6	IDAY From:	am pmTo:	am pm
3 TUESDAY From: am To:	am 7 D SA	TURDAY From:	am pmTo:	am _ pm
4 WEDNESDAY From: am To:				
ADDRESS WHERE BINGO WILL BE PLAYED (No. and Street)		(City or Town)	(State)	(Zip Code)
		SIGNED (Ranking Of	ficer)	
I, the undersigned ranking officer of subject organization,	do hereby state that			
all Bingo sessions operated by subject organization under be conducted in compliance with Connecticut General Sta	r this registration will	PRINTED NAME of R	lanking Officer	
Administrative Regulations concerning Amusement and R	ecreation Bingo.	DATE (Mo., Day, Yr.)		
	OATH			
Personally appeared the signer of the foregoing state	ement and made oa	ith before me to t	he matter containe	ed herein.
SIGNED (Notary Public)		MY COMMISSION EXP		
	ATTEST		1	
To the best of my knowledge and belief, infor	mation containe	d in this applic	ation is:	
True and correct and subject organization quali Number.				
Not true or correct and subject organization SF	HOULD NOT be iss	ued a registratio	n and an Identifica	tion Number
COMMENTS				
SIGNED (Chief of Police or First Selectman)			DATE (Mo., Day, Yr.)	
APPLICATION FOR AMUSEMENT AND RECREATION BING	GO REGISTRATION IS	APPROVED	DATE (Mo., Day, Yr.)	