

Town of Bolton
 222 Bolton Center Road
 Bolton, CT 06043
 860-649-8066
 www.boltonct.gov

APPLICATION FOR BINGO PERMIT



INSTRUCTIONS:

1. Print or type and, if necessary, use additional sheets. Have application notarized.
2. The completed form must be mailed to: Town of Bolton, 222 Bolton Center Rd., Bolton CT 06043

PERMIT NUMBER (To be Assigned)

NAME OF ORGANIZATION				IDENTIFICATION NUMBER (FROM REGISTRATION)	
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

(Only Required if Seal Tickets/Pull-Tab Tickets will be sold)

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 for one year) Fee: \$75.00 per year

DAY OF WEEK: _____ FROM TIME: _____ TO TIME: _____

CLASS B (Maximum of ten successive days) Fee: \$10.00 per day

DATE: _____ TO: _____ TIME: _____ TO: _____

APPLICATION FOR BINGO PERMIT

CLASS C (One day each month from issue date for one year) Fee: \$50.00 per year

JAN ___/___/___ FROM: _____ TO: _____

JUL ___/___/___ FROM: _____ TO: _____

FEB ___/___/___ FROM: _____ TO: _____

AUG ___/___/___ FROM: _____ TO: _____

MAR ___/___/___ FROM: _____ TO: _____

SEP ___/___/___ FROM: _____ TO: _____

APR ___/___/___ FROM: _____ TO: _____

OCT ___/___/___ FROM: _____ TO: _____

MAY ___/___/___ FROM: _____ TO: _____

NOV ___/___/___ FROM: _____ TO: _____

JUN ___/___/___ FROM: _____ TO: _____

DEC ___/___/___ FROM: _____ TO: _____

ADDRESS WHERE BINGO WILL BE PLAYED (No. and Street) (City or Town) (State) (Zip Code)	MAXIMUM SEATING CAPACITY ACCORDING TO LAW:
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WHO OWNS THESE PREMISES? (Name) (No. and Street) (City or Town) (State) (Zip Code)	RENTING/LEASING? YES <input type="checkbox"/> NO <input type="checkbox"/>	FOR OFFICE USE ONLY
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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.)
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Personally appeared the signer of the foregoing statement and made oath before me to the truth of matters contained therein.	SIGNED (Notary Public) DATE (Mo., Day, Yr.)	MY COMMISSION EXPIRES:
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Application for Bingo Permit is approved	DATE (Mo., Day, Yr.)
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BINGO SUPPLEMENTAL FORM

INSTRUCTIONS:

1. Print or type, and attach all required material.
2. The completed form must be mailed to: Town of Bolton, 222 Bolton Center Rd., Bolton CT 06043

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:

<p>ATTACH VOIDED CHECK HERE (please staple the check on the left edge of the paper)</p>
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ATTACHMENT

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