

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



For Official Use Only

Application is hereby

____ Approved ____ Denied

Date: _____

Signature: _____

Registration ID: _____

Nonprofit Bingo Registration Form

This form must be completed by any nonprofit organization seeking to register with the Town of Bolton prior to applying for a Bingo Permit.

Important: This registration form must be completed and submitted before applying for a bingo permit. The bingo permit application should be submitted at least 10 days prior to the date of the event to allow sufficient processing time.

Organization Information			
Legal Name of Organization			
Physical Address	City	State	Zip Code
Mailing Address (if different than above)	City	State	Zip Code
Telephone Number (with area code)	Email Address		
Contact Person for <u>this</u> Application	Contact Telephone Number	Contact Email Address	
Proof of Eligibility			
Organization Category (check only one):			
<input type="checkbox"/> An educational or charitable organization	<input type="checkbox"/> An officially recognized volunteer fire company		
<input type="checkbox"/> A civic, service, or social club	<input type="checkbox"/> An organization whose membership consists of persons sixty years of age or older (no permit required, see separate registration form)		
<input type="checkbox"/> A fraternal or fraternal benefit society	<input type="checkbox"/> A parent teacher association or organization operating and conducting bingo games for the amusement and recreation of such association's members and guests (no permit is required, see separate registration form)		
<input type="checkbox"/> A church or religious organization	<input type="checkbox"/> An officially recognized organization or association of veterans of any war in which the U.S. was engaged		
Date Organization was Established (must be at least 2 years prior):			
IRS 501(c) Status:			
Officers and Contacts			
President/Chair Name	Telephone Number	Date of Birth (mmddyyyy)	
Treasurer Name	Telephone Number	Date of Birth (mmddyyyy)	

Membership and Control

Number of Active Members:

I certify that bingo will be conducted by members only (no outside operators will be conducting or operating the bingo event(s))

Seal Ticket / Pull-Tab Intent

Our organization intends to sell seal tickets (pull-tabs)

If checked: All individuals involved must register with the Connecticut Department of Consumer Protection and obtain a valid PIN

Bingo Equipment Information

All bingo equipment must be purchased or obtained from a Connecticut Department of Consumer Protection (DCP) registered organization.

Bingo equipment is currently owned

Bingo equipment needs to be purchased

I certify that all bingo equipment will be purchased or obtained from a DCP-registered organization and will be used in compliance with Connecticut General Statutes

Equipment Provider Name:

Provider DCP Registration Number:

Type of Equipment (e.g. balls, cards, electronic board, dabbers):

Estimated Purchase/Acquisition Date:

Certification

I, the undersigned ranking officer of subject organization, do hereby state that all Bingo sessions operated by subject organization under this registration application will be conducted in compliance with the Connecticut General Statutes and with all Administrative Regulations concerning Bingo Games.

Authorized Signature	Printed Name	Title	Date