

CITY OF BRIDGEPORT  
 BRIDGEPORT POLICE DEPARTMENT  
 SPECIAL LICENSING DIVISION  
 300 Congress Street  
 Bridgeport, CT 06604



For Official Use Only

## 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)	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 <small>(Designate Member-In-Charge's Name With An Asterisk)</small>			
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):**

<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: _____
<input type="checkbox"/> <b>CLASS C</b> (One day each month from issue date to 9/30) (Fee: \$ .00)	

am	am	am	am
JAN ___ / ___ / ___ FROM: ___ pm TO: ___ pm	JUL ___ / ___ / ___ FROM: ___ pm TO: ___ pm	FEB ___ / ___ / ___ FROM: ___ pm TO: ___ pm	AUG ___ / ___ / ___ FROM: ___ pm TO: ___ pm
MAR ___ / ___ / ___ FROM: ___ pm TO: ___ pm	SEP ___ / ___ / ___ FROM: ___ pm TO: ___ pm	APR ___ / ___ / ___ FROM: ___ pm TO: ___ pm	OCT ___ / ___ / ___ FROM: ___ pm TO: ___ pm
MAY ___ / ___ / ___ FROM: ___ pm TO: ___ pm	NOV ___ / ___ / ___ FROM: ___ pm TO: ___ pm	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:
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WHO OWNS THESE PREMISES? (Name) (No. and Street) (City or Town) (State) (Zip Code)	RENTING/LEASING? <input type="checkbox"/> YES <input type="checkbox"/> NO	FOR OFFICE USE ONLY
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I, the undersigned ranking officer of subject organization, do hereby state that all Bingo sessions

SIGNED (Ranking Officer)

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~~

DATE (Mo., Day, Yr.)

Personally appeared the signer of the foregoing statement and  
made oath before me to the truth of matters contained therein.

SIGNED (Notary Public)

MY COMMISSION EXPIRES:

DATE (Mo., Day, Yr.)

**Application for Bingo Permit is approved**

DATE (Mo., Day, Yr.)

# BINGO SUPPLEMENTAL FORM

## INSTRUCTIONS:

1. Print or type, and attach all required material.
2. The completed form must be mailed to:

TO: _____	IDENTIFICATION NUMBER _____
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## 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><b>ATTACH VOIDED CHECK HERE</b> (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.