STONINGTON POLICE DEPARTMENT
173 South Broad Street
Pawcatuck, CT 06379
Phone: 860-599-7510
E-Mail: nmitchell@stonington-ct.gov

APPLICATION FOR REGISTRATION AMUSEMENT AND RECREATION BINGO

INSTRUCTIONS:
1. Print or type.
2. Mail application to: **Stonington Police Department**
3. An Identification Number will be issued upon approval.

TO:	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☐	SUNDAY	From: _____ am ☐ pm ☐	To: _____ am ☐ pm ☐	5☐	THURSDAY	From: _____ am ☐ pm ☐	To: _____ am ☐ pm ☐
2☐	MONDAY	From: _____ am ☐ pm ☐	To: _____ am ☐ pm ☐	6☐	FRIDAY	From: _____ am ☐ pm ☐	To: _____ am ☐ pm ☐
3☐	TUESDAY	From: _____ am ☐ pm ☐	To: _____ am ☐ pm ☐	7☐	SATURDAY	From: _____ am ☐ pm ☐	To: _____ am ☐ pm ☐
4☐	WEDNESDAY	From: _____ am ☐ pm ☐	To: _____ am ☐ pm ☐				

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.)*

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.)*
APPLICATION FOR AMUSEMENT AND RECREATION BINGO REGISTRATION IS APPROVED	DATE *(Mo., Day, Yr.)*

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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: **Stonington Police Department**

TO:	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

(Designate Member-In-Charge's Name With An Asterisk)

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 to 9/30) **(Fee: $75.00)**
DAY OF WEEK: _____ TIME: _____ TO: _____

☐ **CLASS B** (Maximum of ten successive days) **(Fee: $5.00 per day)**
DATE: _____ TO: _____ TIME: _____ TO: _____

☐ **CLASS C** (One day each month from issue date to 9/30) **(Fee: $50.00)**

JAN ___/___/___	FROM: ____ am/pm	TO: ____ am/pm		JUL ___/___/___	FROM: ____ am/pm	TO: ____ am/pm	
FEB ___/___/___	FROM: ____ am/pm	TO: ____ am/pm		AUG ___/___/___	FROM: ____ am/pm	TO: ____ am/pm	
MAR ___/___/___	FROM: ____ am/pm	TO: ____ am/pm		SEP ___/___/___	FROM: ____ am/pm	TO: ____ am/pm	
APR ___/___/___	FROM: ____ am/pm	TO: ____ am/pm		OCT ___/___/___	FROM: ____ am/pm	TO: ____ am/pm	
MAY ___/___/___	FROM: ____ am/pm	TO: ____ am/pm		NOV ___/___/___	FROM: ____ am/pm	TO: ____ am/pm	
JUN ___/___/___	FROM: ____ am/pm	TO: ____ am/pm		DEC ___/___/___	FROM: ____ am/pm	TO: ____ am/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)* *(Zip Code)*	RENTING/LEASING? ☐ YES ☐ NO
	FOR OFFICE USE ONLY

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.)*

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:

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:** **Stonington Police Department**

TO:	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:

ATTACH VOIDED CHECK HERE
(please staple the check on the left edge of the paper)

ATTACHMENT

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

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

INSTRUCTIONS:

1. Print or type.
2. Complete and attach Notice and Statement of Applicant.
3. Mail application forms to: **Stonington Police Department**
4. A Personal Identification Number (P.I.N.) will be issued upon approval.

TO:

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 ☐ F ☐

HEIGHT

WEIGHT

Have you **EVER** been convicted of any crime, felony, misdemeanor, disorderly persons offense or other offense other than a traffic violation? YES ☐ NO ☐

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 ☐ NO ☐

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.)*

DO NOT WRITE BELOW THIS LINE

APPLICATION FOR P.I.N. IS APPROVED

DATE *(Mo., Day, Yr.)*

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NOTICE AND STATEMENT OF APPLICANT

INSTRUCTIONS:

1. Please sign this form in the two areas provided below.
2. Mail form to: **Stonington 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 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***