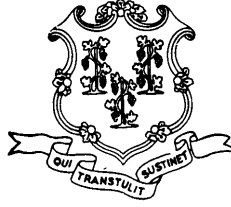


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 License Services/Charitable Games
 165 Capitol Avenue
 Hartford, CT 06106
 Email: DCP.GamingCharitable@CT.gov
 Web site: www.ct.gov/dcp



**APPLICATION TO AMEND
 SEALED TICKETS**

CGS-5 REV. 06/11

INSTRUCTIONS:

1. Print or type and have the application notarized.
2. The completed form must be mailed to the Division of Special Revenue, **165 Capitol Ave., Hartford, CT 06106.**

No Sealed Ticket Permit to Sell (Organization) and no Permit to Sell (Individual) issued under the Connecticut General Statutes, or Administrative Regulations issued pursuant thereto, may be amended except upon application through use of this form.

TO: DEPARTMENT OF CONSUMER PROTECTION	IDENTIFICATION NUMBER <i>(To be assigned by Consumer Protection)</i>
NAME OF SPONSORING ORGANIZATION	TELEPHONE NUMBER
ADDRESS OF ORGANIZATION <i>(No. and Street)</i>	<i>(City or Town)</i> <i>(State)</i> <i>(Zip Code)</i>

APPLICATION IS MADE TO:

(Check all that apply)

Amend the sealed ticket permit

PERMIT NUMBER

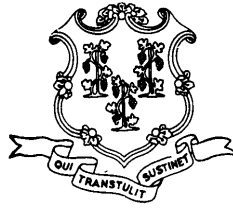
Amend the individual permit to sell (ISP)

INDIVIDUAL SALES PERMIT NUMBER

Please provide the details of the proposed amendment(s):

PRINTED NAME of person preparing this form	SIGNED <i>(Person preparing form)</i>	TELEPHONE NUMBER
SIGNED <i>(Organization Ranking Officer)</i>	TITLE of Ranking Officer	DATE <i>(Mo., Day, Yr.)</i>
Subscribed and sworn to before me.	SIGNED <i>(Notary Public)</i>	My Commission Expires:
		DATE <i>(Mo., Day, Yr.)</i>
<input type="checkbox"/> AMENDMENT DISAPPROVED	<input type="checkbox"/> MAY REMAIN IN FULL FORCE AND EFFECT IN ACCORDANCE WITH CHANGE(S) SET FORTH ABOVE	

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SEALED TICKET APPLICATION
SUPPLEMENTAL FORM

CGS-4C REV. 06/11

INSTRUCTIONS:

1. Print or type, and attach all required material.
2. The completed form must be mailed to **165 Capitol Ave., Hartford, CT 06106.**

TO: DEPARTMENT OF CONSUMER PROTECTION	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 Sealed Tickets and the Administrative Regulations, Distribution And Sale Of Sealed Tickets, and that I will be responsible for the holding, operation and conduct of all Sealed Ticket sales in accordance with the terms of the permit, and the provisions of the Sealed Ticket law and the administrative regulations governing Sealed Tickets.

SIGNED (*Member In Charge*)

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

SEALED TICKET SALES

Provide the time the doors open to the public: _____

Provide the time the sale of sealed tickets begins: _____

SPECIAL SEALED TICKET BANK ACCOUNT

Account number: _____

Attach a voided (not cancelled) check from the special sealed ticket bank account in the space provided below:

<p>ATTACH VOIDED CHECK HERE (please staple check on the left edge of the paper)</p>
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**INSTRUCTIONS FOR COMPLETION OF AN APPLICATION TO AMEND – SEALED
TICKETS**

1. Provide the organization's seven (7) digit identification number.
2. Print or type the name of the sponsoring organization and the complete organization address (**number, street, city/town, state, zip code**).
3. Print the telephone number of the sponsoring organization.
4. Check one or more of the boxes to indicate the document(s) the organization desires to amend. (**NOTE:** When checking the 'Amend the sealed ticket permit' box, please provide your organization's permit number in the space provided. When checking the 'Amend the individual permit to sell (ISP)' box, please provide the Individual Sales Permit Number (ISP) of the individual(s) whose certificate(s) is to be amended.)
5. Clearly document the information to be amended in the 'Please provide the details of the proposed amendment(s)' section. All relevant information should be included as part of the details of the amendment, and any pertinent documents must be attached. (**NOTE:** When completing this section, the information contained on the original document(s) that will be amended should be reviewed in order to ensure that all relevant details are provided.)
6. The individual who prepares the application must print and sign his/her name and provide his/her telephone number, in the space provided.
7. The application form must be signed and dated by one of the ranking officers of the organization, and he/she must print his/her title, in the space provided. (**NOTE:** Only individuals listed in the 'Officers of the Organization' section on the original Application for Permit to Sell Sealed Tickets - Organization (CGS-4), Application for Permit to Sell Sealed Tickets – Organization MONTHLY (CGS-4A), or any subsequent amendments, qualify as ranking officers.)
8. The application form must be signed and dated by an authorized Notary Public. Please be sure that the notary seal and/or the date the Notary Public's commission expires are used on this document. Applications will not be accepted without this important information.
9. Upon completion of the application, submit all copies of the form, as well as any attachments, to the Department of Consumer Protection for approval.
10. If you have any questions pertaining to the completion of the application form, please do not hesitate to contact the Department at (860) 713-6140.