STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION

License Services/Charitable Games 165 Capitol Avenue

Hartford, CT 06106

Email: <u>DCP.GamingCharitable@CT.gov</u>

Web site: www.ct.gov/dcp



APPLICATION FOR REGISTRATION BAZAAR OR RAFFLE EQUIPMENT DEALER

REGISTRATION NUMBER (To be assigned by D.C.P.)

CGE-1 REV. 07/11

INSTRUCTIONS:

- 1. Owner/Officer of Equipment Dealer must fill out this form and, if necessary, use additional sheets.
- 2. Have application notarized.

NAME OF EQUIPMENT DEALER

3. The completed form must be mailed, along with a check for \$375.00 payable to the **Treasurer of the State of Connecticut**, to the Department of Consumer Protection, **165 Capitol Ave.**, **Hartford**, **CT 06106**.

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ADDRESS OF EQUIPMENT DEALER (No. and Street)			(City or Town)		(State)	(Zip Code)	TELEPHONE NO.	
LOCATION OF PRINCIPAL PLACE OF BUSINESS (No. and Street)				(City or Tow	m)	(State)	(Zip Code)
MAILING ADDRESS (No. and Street)				(City or Town) (State			(State)	(Zip Code)
LIST OF OWNERS OR OFFICERS OF EQUIPMENT DEALER								
TITLE	TITLE NAME (Last, First,				ADDRESS			DATE OF BIRTH
	(Lust,	rnog	Middle)					
LIST OF EQUIPMENT								
List inventory and description of all Bazaar/Raffle equipment available for rental in Connecticut. An application to amend this registration must be submitted when and if more equipment is made available for rental.								
EQUIPMENT		DESCRIPTION						
SIGNATURE OF EQUIPMENT DEALER			TITL	E OF EQUIPME	ENT DEALE	R	DAT	E (Mo., Day, Yr.)
Subscribed and sworn to before me					MY COMM	IISSION EXPIRE	ES: DAT	E (Mo., Day, Yr.)
APPLICATION FOR REGISTRATION IS APPROVED			DAT	ΓΕ (Mo., Day,	Yr.)		•	