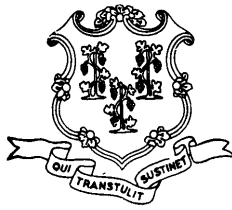


STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
Licensing Services/Charitable Games  
450 Columbus Blvd, Ste. 801  
Hartford, CT 06103  
Email: DCP.GamingCharitable@CT.gov  
Web site: www.ct.gov/dcp



APPLICATION FOR PERMIT TO  
SELL SEALED TICKETS  
(INDIVIDUAL)  
CGS-2 REV. 2/17

**INSTRUCTIONS:**

1. Print or type.
2. Complete and attach form CGB/S-2A.
3. Mail forms to **Department of Consumer Protection, 450 Columbus Blvd, Ste. 801, Hartford, CT 06103.**
4. The Department of Consumer Protection will assign an Individual Sales Permit Number (I.S.P.) upon approval.

<b>TO: DEPARTMENT OF CONSUMER PROTECTION</b>					I.S.P. (To be assigned by Consumer Protection)															
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 <input type="checkbox"/> F <input type="checkbox"/>			HEIGHT			WEIGHT								
Have you <b>EVER</b> been convicted of any crime, felony, misdemeanor, disorderly persons offense or other offense other than a traffic violation?												YES <input type="checkbox"/>			NO <input type="checkbox"/>					
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 OR WORKER OF ORGANIZATION? Please specify in terms of years or months. YEARS MONTHS															
Have you ever applied for an I.S.P. to sell sealed tickets for any other organization?															YES <input type="checkbox"/>			NO <input type="checkbox"/>		
IF "YES", GIVE DETAILS: (Organization Name) (No. and Street) (City or Town) (State) (Zip Code)												ASSIGNED I.S.P.								
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.)								
<b>DO NOT WRITE BELOW THIS LINE</b>																				
<b>APPLICATION FOR I.S.P. IS APPROVED</b>										DATE (Mo., Day, Yr.)										