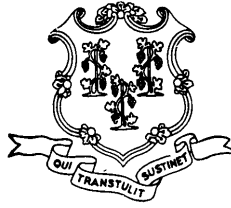


STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 License Services/Charitable Games  
 165 Capitol Avenue  
 Hartford, CT 06106  
 Email: [DCP.GamingCharitable@CT.gov](mailto:DCP.GamingCharitable@CT.gov)  
 Web site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



APPLICATION TO AMEND REGISTRATION  
 SEALED TICKET  
 EQUIPMENT DEALER

CGE-14 REV. 07/11

**INSTRUCTIONS:**

1. Print or type.
2. Have the application notarized.
3. The completed form must be mailed to the Department of Consumer Protection, **165 Capitol Ave., Hartford, CT 06106.**

No Sealed Ticket Equipment Dealer Registration Certificate issued may be amended except upon application through use of this form.

**TO: DEPARTMENT OF CONSUMER PROTECTION**

**AMENDMENT TO THE REGISTRATION**

NAME OF EQUIPMENT DEALER				REGISTRATION NUMBER	
ADDRESS OF EQUIPMENT DEALER <i>(No. and Street)</i>	<i>(City or Town)</i>	<i>(State)</i>	<i>(Zip Code)</i>	TELEPHONE NUMBER (   )	
LOCATION OF PRINCIPAL PLACE OF BUSINESS <i>(No. and Street)</i>	<i>(City or Town)</i>	<i>(State)</i>	<i>(Zip Code)</i>		

**Application is made to amend the registration as follows:**

SIGNATURE <i>(Equipment Dealer)</i>		TITLE <i>(Equipment Dealer)</i>		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		DATE <i>(Mo., Day, Yr.)</i>