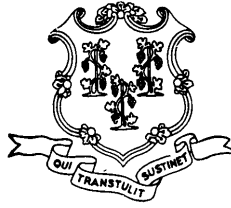


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 License Services/Charitable Games
 165 Capitol Avenue
 Hartford, CT 06106
 Email: DCP.GamingCharitable@CT.gov
 Web site: www.ct.gov/dcp



APPLICATION FOR REGISTRATION
 BAZAAR OR RAFFLE
 EQUIPMENT DEALER

CGE-1 REV. 05/13

INSTRUCTIONS:

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

NAME OF EQUIPMENT DEALER				REGISTRATION NUMBER (To be assigned by D.C.P.)	
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 Town)	(State)	(Zip Code)
MAILING ADDRESS (No. and Street)			(City or Town)	(State)	(Zip Code)

LIST OF OWNERS OR OFFICERS OF EQUIPMENT DEALER

TITLE	NAME (Last, First, Middle)	ADDRESS	DATE OF BIRTH

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		TITLE OF EQUIPMENT DEALER		DATE (Mo., Day, Yr.)
Subscribed and sworn to before me	SIGNED (Notary Public)	MY COMMISSION EXPIRES:	DATE (Mo., Day, Yr.)	
APPLICATION FOR REGISTRATION IS APPROVED			DATE (Mo., Day, Yr.)	

**INSTRUCTIONS FOR COMPLETION OF AN APPLICATION FOR
REGISTRATION BAZAAR OR RAFFLE EQUIPMENT DEALER (CGE-1)**

1. Print or type the name of your business, the complete address (number, street, town, state, zip) of your business, the complete address of the location of the principal place of business, and a complete mailing address.
2. Do **NOT** fill-in the registration number. The Department assigns a new registration number to each business annually.
3. Print the telephone number of the business.
4. List the title, complete name (last, first, middle), complete home address (number, street, town, state, zip), and complete date of birth (month, day, year) of each owner or officer of the equipment dealer business.
5. Complete the List of Equipment section. In the column titled 'Equipment', print or type the total number of each item of each type of equipment the business has available for rental. In the column titled 'Description', print or type the name of each item of equipment available for rental. Additional sheets may be attached, if necessary.

EXAMPLE:

EQUIPMENT	DESCRIPTION
Two (2)	Dime Pitch
One (1)	Raffle Drum

6. Have the application signed by one of the owners or officers of the business, print or type his or her title, and date the form. Please take note that only individuals listed on the application in the section titled 'List of Owners or Officers of Equipment Dealer' qualify as an owner or officer.
7. The application form must be notarized and dated by an authorized Notary Public. Please be sure that the notary seal and the date the Notary Public's commission expires are used on this document. Applications will not be accepted without this important information.
8. Attach a check, made payable to the **Treasurer of the State of CT**, in the amount of \$375.00 for the registration fee.
9. Submit all copies of the completed application form, along with any additional sheets of information, to the Department of Consumer Protection for approval.
10. If you have any questions pertaining to completion of the application form, please do not hesitate to contact us at (860) 713-6140.