



INSTRUCTIONS:

1. Print or type and, if necessary, use additional sheets. Have application notarized.
2. The completed form must be mailed to **165 Capitol Ave., Hartford, CT 06106.**

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

APPLICANT'S PRIMARY ACTIVITY (Check only ONE)

- | | | | |
|--|---|---------------------------------------|--|
| 1. <input type="checkbox"/> Volunteer Fire Dept. | 3. <input type="checkbox"/> Educational | 5. <input type="checkbox"/> Veterans | 7. <input type="checkbox"/> Charitable |
| 2. <input type="checkbox"/> Civic | 4. <input type="checkbox"/> Fraternal | 6. <input type="checkbox"/> Religious | 8. <input type="checkbox"/> Grange |

OFFICERS OF THE ORGANIZATION

| NAME <i>(Last, First, Middle)</i> | TITLE | NAME <i>(Last, First, Middle)</i> | TITLE |
|-----------------------------------|-------|-----------------------------------|-------|
| 1. | | 3. | |
| 2. | | 4. | |

ORGANIZATION MEMBERS WHO ARE HOLDERS OF INDIVIDUAL SALES PERMIT NUMBERS

(Designate, With An Asterisk, The Name Of One Individual As Member-In-Charge)

| NAME <i>(Last, First, Middle)</i> | I.S.P. | NAME <i>(Last, First, Middle)</i> | I.S.P. |
|-----------------------------------|--------|-----------------------------------|--------|
| 1. | | 5. | |
| 2. | | 6. | |
| 3. | | 7. | |
| 4. | | 8. | |

MEMBER IN CHARGE: Is the Member in Charge a bonafide, active member of the organization and a member in good standing for at least six months? YES NO

Check Type of Sealed Ticket Permit Applied for and Indicate Dates and Times:

In conjunction with a CLASS C Bingo Permit *(One day each month from issue date to 9/30) (Fee: \$50.00)*

| | | | |
|-----------------|-------------------------|-----------------|-------------------------|
| OCT ___/___/___ | FROM: ___ am TO: ___ am | APR ___/___/___ | FROM: ___ am TO: ___ am |
| NOV ___/___/___ | FROM: ___ pm TO: ___ pm | MAY ___/___/___ | FROM: ___ pm TO: ___ pm |
| DEC ___/___/___ | FROM: ___ am TO: ___ am | JUN ___/___/___ | FROM: ___ am TO: ___ am |
| JAN ___/___/___ | FROM: ___ pm TO: ___ pm | JUL ___/___/___ | FROM: ___ pm TO: ___ pm |
| FEB ___/___/___ | FROM: ___ am TO: ___ am | AUG ___/___/___ | FROM: ___ am TO: ___ am |
| MAR ___/___/___ | FROM: ___ pm TO: ___ pm | SEP ___/___/___ | FROM: ___ pm TO: ___ pm |

| | | | |
|---|-------------------------|--|--|
| ADDRESS WHERE SEALED TICKETS WILL BE SOLD <i>(No. and Street)</i> | <i>(City or Town)</i> | <i>(State)</i> <i>(Zip Code)</i> | MAXIMUM SEATING CAPACITY ACCORDING TO LAW: |
| WHO OWNS THESE PREMISES? <i>(Name)</i> | <i>(No. and Street)</i> | <i>(City or Town)</i> <i>(State)</i> <i>(Zip Code)</i> | RENTING/LEASING? <input type="checkbox"/> YES <input type="checkbox"/> NO |

I, the undersigned ranking officer of subject organization, do hereby state that all Sealed Tickets sold by subject organization under this permit will be conducted in compliance with the Connecticut General Statutes and with all Administrative Regulations concerning Sealed Tickets.

SIGNED *(Ranking Officer)*

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

Personally appeared the signer of the foregoing statement and made oath before me to the truth of matters contained therein.

SIGNED *(Notary Public)*

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

MY COMMISSION EXPIRES:

Application for Sealed Ticket Permit is approved

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

**Instructions for Completion of an Application for Permit to Sell Sealed Tickets – Org.
MONTHLY**

**INSTRUCTIONS FOR COMPLETION OF THE SEALED TICKET APPLICATION
SUPPLEMENTAL FORM**

1. Print the seven (7) digit organization Identification Number previously assigned by the Department.
2. Clearly print the complete name (first, middle, last) of the designated Member In Charge, and provide a home and work telephone number where we may reach this individual, if necessary.
3. The designated Member In Charge must sign his/her name and date the form in the space provided in order to signify that he/she has read the Sealed Ticket law and the administrative regulations governing Sealed Tickets, and understands he/she will be responsible for the sale of Sealed Tickets in accordance with the terms of the permit and the provisions of the Sealed Ticket law and administrative regulations.
4. Provide the time (including am or pm) the doors open to the public.
5. Provide the time (including am or pm) the sale of sealed tickets begins.
6. Provide the complete checking account number of the sponsoring organization's "Special Sealed Ticket Bank Account", when applying for a sealed ticket permit in conjunction with a 'Class A' or 'Class C' bingo permit, with a Chapter 545 Club or Nonprofit Club permit, or for a 'Special Events' sealed ticket permit.
7. In the space provided, staple a **voided** (not cancelled) check from the sponsoring organization's "**Special Sealed Ticket Bank Account**", when applying for a sealed ticket permit in conjunction with a 'Class A' or 'Class C' bingo permit, with a Chapter 545 Club or Nonprofit Club permit, or for a Special Events sealed ticket permit.

If you have any questions pertaining to the completion of the Application for Permit to Sell Sealed Tickets – Organization, or Sealed Ticket Application Supplemental Form, please do not hesitate to contact us at 713-6000.