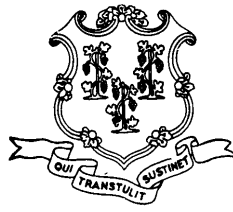


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
License Services/Charitable Games
165 Capitol Avenue
Hartford, CT 06106
Email: DCP.GamingCharitable@CT.gov
Web site: www.ct.gov/dcp



SEALED TICKET APPLICATION
SUPPLEMENTAL FORM

CGS-4C REV. 12/11

INSTRUCTIONS:

1. Print or type, and attach all required material.
2. The completed form must be mailed to **165 Capitol Ave., Hartford, CT 06106.**

TO: DEPARTMENT OF CONSUMER PROTECTION	IDENTIFICATION NUMBER
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MEMBER IN CHARGE

Name (please print): _____

Home telephone number: _____

Work telephone number: _____

I, the undersigned Member In Charge of the subject organization, do hereby state that I have read the Connecticut General Statutes governing Sealed Tickets and the Administrative Regulations, Distribution And Sale Of Sealed Tickets, and that I will be responsible for the holding, operation and conduct of all Sealed Ticket sales in accordance with the terms of the permit, and the provisions of the Sealed Ticket law and the administrative regulations governing Sealed Tickets.

SIGNED (*Member In Charge*)

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

SEALED TICKET SALES

Provide the time the doors open to the public: _____

Provide the time the sale of sealed tickets begins: _____

SPECIAL SEALED TICKET BANK ACCOUNT

Account number: _____

Attach a voided (not cancelled) check from the special sealed ticket bank account in the space provided below:

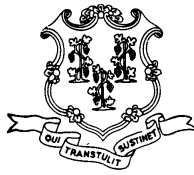
<p>ATTACH VOIDED CHECK HERE (please staple check on the left edge of the paper)</p>
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**INSTRUCTIONS FOR COMPLETION OF THE SEALED TICKET APPLICATION
SUPPLEMENTAL FORM**

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 (860) 713-6140.

STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 @WbgYGfj JWg/ Charitable Games
 %) '7Ud]hc`'5j Ybi Y
 < UfhzcfX, CT 061\$*
 Email: DCP.GamingCharitable@CT.gov
 Web site: www.ct.gov/dcp



SEALED TICKET APPLICATION
 SUPPLEMENTAL FORM
 CGS-4C REV. 06/11

INSTRUCTIONS:

1. Print or type, and attach all required material.
2. The completed form must be mailed to %) '7Ud]hc`'5j Y., < UfhzcfX, CT 061\$* .

TO: DEPARTMENT OF CONSUMER PROTECTION	IDENTIFICATION NUMBER
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MEMBER IN CHARGE

Name (please print): _____

Home telephone number: _____

Work telephone number: _____

I, the undersigned Member In Charge of the subject organization, do hereby state that I have read the Connecticut General Statutes governing Sealed Tickets and the Administrative Regulations, Distribution And Sale Of Sealed Tickets, and that I will be responsible for the holding, operation and conduct of all Sealed Ticket sales in accordance with the terms of the permit, and the provisions of the Sealed Ticket law and the administrative regulations governing Sealed Tickets.

 SIGNED (*Member In Charge*)

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

SEALED TICKET SALES

Provide the time the doors open to the public: _____

Provide the time the sale of sealed tickets begins: _____

SPECIAL SEALED TICKET BANK ACCOUNT

Account number: _____

Attach a voided (not cancelled) check from the special sealed ticket bank account in the space provided below:

Special Sealed Ticket Bank Account I.D. #1700005 St. John's Church – Men's Club 263 Cedar Mountain Road, Anytown, CT 06000	Weekly	<u>51-3999</u> 3402	1055
PAY TO THE ORDER OF: _____		DATE: _____	
_____		\$ _____	
_____		DOLLARS	
THE FIRST NATIONAL BANK		SIGNED _____	
MEMO _____			
:340239991 :10 0013718900 ' 1055			