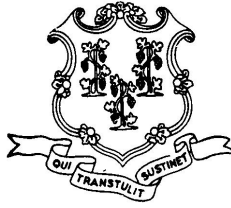


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
License Services/Charitable Games
165 Capitol Avenue
Hartford, CT 06106
Email: DGP.GamingCharitable@CT.gov
Web site: www.ct.gov/dcp



APPLICATION TO AMEND REGISTRATION
SEALED TICKET GAME PRODUCTS
DISTRIBUTOR OR MANUFACTURER

CGE-20 NEW 06/12

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 Game Products Distributor or Manufacturer 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 SEALED TICKET GAME PRODUCTS DISTRIBUTOR OR MANUFACTURER			REGISTRATION NUMBER	
ADDRESS OF DISTRIBUTOR OR MANUFACTURER (No. and Street)	(City or Town)	(State)	(Zip Code)	TELEPHONE NUMBER
LOCATION OF PRINCIPAL PLACE OF BUSINESS (No. and Street)	(City or Town)	(State)	(Zip Code)	

Application is made to amend the registration as follows:

SIGNATURE (Distributor or Manufacturer)	TITLE (Distributor or Manufacturer)	DATE (Mo., Day, Yr.)
APPLICATION TO AMEND IS APPROVED	DATE (Mo., Day, Yr.)	

*******INSTRUCTIONS FOR COMPLETION OF AN APPLICATION TO AMEND
REGISTRATION UGCNGF'VKEMGVUI CO G'RT OF WEVUF KVTDKVOT
*****QT'O CP WHCEVWTGT**

1. Provide the complete registration number assigned to your business by the Department of Consumer Protection.
2. Print or type the name of your business, the complete address (**number, street, city/town, state, zip code**) of your business, and the complete address of the location of the principal place of business.
3. Print the telephone number of your business.
4. Clearly document the information to be amended in the 'Application is made to amend the registration as follows' section. All relevant information should be included as part of the details of the amendment, and any pertinent documents must be attached. (**NOTE:** When completing this section, the information contained on the original document(s) that will be amended should be reviewed in order to ensure that all relevant details are provided.)
5. The application form must be signed and dated by one of the owners or current officers of the business, and he/she must print his/her title, in the space provided.
6. Upon completion of the application, submit all copies of the form, as well as any attachments, to the Department of Consumer Protection for approval.
7. If you have any questions pertaining to the completion of the application form, please do not hesitate to contact the Department at (860) 713-6140.