

## TOWN OF NEW MILFORD POLICE DEPARTMENT 49 Poplar Street - New Milford, CT 06776 Tel. (860) 355-3133 Fax (860) 354-2870 www.newmilfordpolice.org

## APPLICATION FOR PERMIT TO CONDUCT BINGO CHARITABLE GAMES

1.     3.       2.     4.       ORGANIZATION MEMBERS WHO ARE HOLDERS OF PERSONAL IDENTIFICATION NUMBERS (Designate Member-In-Charge's Name With An Asterisk)	800	www.110	ewinnorup	once.or	g				
2. The completed form must be submitted to: 49 Poplar Street       New Milford, CT 06776         TO: NEW MILFORD POLICE DEPARTMENT       PENIT NUMBER         NAME of ORGANIZATION ( <i>ibc. and Street</i> )       ( <i>Clay or Town</i> )       ( <i>Stawn</i> )       ( <i>De Codel</i> )       DATE ORGANIZETION         MAURG ADDRESS       ( <i>No. and Street</i> )       ( <i>Clay or Town</i> )       ( <i>Stawn</i> )       ( <i>De Codel</i> )       DATE ORGANIZETION         MAURG ADDRESS       ( <i>No. and Street</i> )       ( <i>Clay or Town</i> )       ( <i>Stawn</i> )       ( <i>De Codel</i> )       DATE ORGANIZETION         MAURG ADDRESS       ( <i>No. and Street</i> )       ( <i>Clay or Town</i> )       ( <i>Stawn</i> )       ( <i>De Codel</i> )       DATE ORGANIZETION         NAME ( <i>Last, First, Middle</i> )       TITLE       NAME ( <i>Last, First, Middle</i> )       TIT         1.       3.       .       .       .         2.       4.       .       .       .         1.       5.       .       .       .       .         2.       6.       .       .       .       .       .         2.       6.       .       .       .       .       .       .       .         2.       6.       .       .       .       .       .       .       .       .       .       .	INSTRUCTIONS:								
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ID: NEW MILPORD POLICE DEPARTMENT         ID: NEW MILPORD POLICE DEPARTMENT         MARE OF ORGANIZATION (Me. and Street)         (City or Town)       (Steen)       (20 Code)       DATE ORGANIZED         MALING ADDRESS       (Me. and Street)       (City or Town)       (Steen)       (20 Code)       DATE ORGANIZED         MALING ADDRESS       (Me. and Street)       (City or Town)       (Steen)       (20 Code)       TELEPHONE HUNDER         NAME (Last, First, Middle)       TITLE       NAME (Last, First, Middle)       TIT         1.       3.       .       .       .         2.       4.       .       .       .         NAME (Last, First, Middle)       P.I.N.       NAME (Last, First, Middle)       P.I.N.         1.       .       .       .       .         2.       6.       .       .       .         3.       .       .       .       .       .         4.       8.       .       .       .       .       .         2.       6.       .       .       .       .       .       .         2.       6.       .       .       .       .       .       .       .       .			oplar Street			1 06776			
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OFFICERS OF THE ORGANIZATION         NAME (Last, First, Middle)       TITLE       NAME (Last, First, Middle)       TIT         1.       3.       2.       4.         ORGANIZATION MEMBERS WHO ARE HOLDERS OF PERSONAL IDENTIFICATION NUMBERS (Designate: Member-In-Charge:s Name With An Astensis)         NAME (Last, First, Middle)       P.I.N.       NAME (Last, First, Middle)       P         1.       5.       6.       5.       2.       6.       5.         2.       6.       7.       6.       7.       6.       7.       6.       7.       6.       7.       6.       7.       6.       7.       7.       6.       7.       7.       6.       7.       7.       7.       6.       7. <td colspan="3">ADDRESS OF ORGANIZATION (No. and Street) (</td> <td>vn)</td> <td>(*</td> <td colspan="3">ate) (Zip Code) DATE ORGANIZED</td> <td></td>	ADDRESS OF ORGANIZATION (No. and Street) (			vn)	(*	ate) (Zip Code) DATE ORGANIZED			
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NAME (Last, First, Middle)       P.I.N.       NAME (Last, First, Middle)       P         1.       5.       5.       5.         2.       6.       5.       5.         3.       7.       5.       5.         4.       8.       5.       5.         MEMBER IN CHARGE: Is the Member In Charge a bona-fide, active member of the organization and a member in good standing for at least six months?       CLASS A (One day each week from issue date to 12/31) (Fee: \$75.00)       CLASS A (One day each week from issue date to 12/31) (Fee: \$75.00)       CLASS A (One day each month from issue date to 12/31) (Fee: \$75.00)         CLASS C (One day each month from issue date to 12/31) (Fee: \$75.00)       DATE:       TO:       mm         SE _/	ORGANIZATIO						ON NUM	BERS	
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4.       8.         MEMBER IN CHARGE: Is the Member in Charge a bona-fide, active member of the organization and a member in good standing for at least six months?       YES NO         Check Type of Permit Applied for and Indicate Day(s) and Date(s):       CLASS A (One day each week from issue date to 12/31) (Fee: \$75.00)       CLASS B (Maximum of ten successive days) (Fee: \$10.00 per didate (s):         CLASS C (One day each week from issue date to 12/31) (Fee: \$75.00)       DATE:       TO:       TO:         CLASS C (One day each month from issue date to 12/31) (Fee: \$50.00)       am       am       am         >S5 B       /       FROM:       pm       TO:       pm         >S6 _//       /       FROM:       pm       TO:       am         am       am       am       am       am       am         APR       /       FROM:       pm       TO:       pm       AUG       FROM:       pm       TO:         MAR       /       FROM:       pm       TO:       pm       AUG       FROM:       pm       TO:       am         MAR       /       FROM:       pm       TO:       pm       AUG       FROM:       pm       TO:       am         JUN       /       FROM:       pm       TO:       pm       TO:	2.			6.					
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ADDRESS WHERE BINGO WILL BE PLAYED (No. and Street) (City or Town) (State) (Zip Code) MAXIMUM SEATING CAPACITY ACCORDING TO LAW: WHO OWNS THESE PREMISES? (Name) (No. and Street) (City or Town) (State) (Zip Code) PRENTING/LEASING? FOR OFFICE YES NO FOR OFFICE I, the undersigned ranking officer of subject organization, do hereby state that all Bingo sessions operated by subject organization under this permit will be conducted in compliance with the Connecticut General Statutes and with all Administrative Regulations concerning Bingo Games. SIGNED (Notary Public) MY COMMISSION				DEC		FROM <sup>.</sup>		то.	a p
WHO OWNS THESE PREMISES? (Name)       (No. and Street)       (City or Town)       (State)       (Zip Code)       RENTING/LEASING?       FOR OFFICE         I, the undersigned ranking officer of subject organization, do hereby state that all Bingo sessions operated by subject organization under this permit will be conducted in compliance with the Connecticut General Statutes and with all Administrative Regulations concerning Bingo Games.       SIGNED (Notary Public)       DATE (Mo., Day, Yr.					;;;;(\$		MAXIMUM S	EATING	P
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be undersigned ranking officer of subject organization, do nereby state that all Bingo sessions be been been been been been been been	WHO OWNS THESE PREMISES? (Name)	(No. and Street)	(City or	Town) (S	tate) (Zip Code)			FOR OFFIC	: USE ONLY
Connecticut General Statutes and with all Administrative Regulations concerning Bingo Games. SIGNED (Notary Public) MY COMMISSION						SIGNED (Ranking Of	ficer)		
						DATE (Mo., Day, Yr.			
	Personally appeared the signer of	the foregoing statement :		(Notary Publ	lic)		N	IY COMMISSIO	NEXPIRES:
made oath before me to the truth of matters contained therein. DATE (Mo., Day, Yr.)			oin	Mo., Day, Yr.)					
			DATE (	Mo., Day, Yr.	)		Siq	ned (Chief d	of Police)
			DATE (	Mo., Day, Yr.	)		Sig	ned (Chief d	of Police)

**Application for Bingo Permit is approved** 

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