

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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						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

am _pm am _pm am _pm am _pm am _pm