



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**

INSTRUCTIONS:

1. Print or type and, if necessary, use additional sheets. Have application notarized.
2. The completed form must be submitted to: **49 Poplar Street New Milford, CT 06776**

TO: NEW MILFORD POLICE DEPARTMENT		PERMIT NUMBER	
NAME OF ORGANIZATION		IDENTIFICATION NUMBER	
ADDRESS OF ORGANIZATION (No. and Street)	(City or Town)	(State) (Zip Code)	DATE ORGANIZED
MAILING ADDRESS (No. and Street)	(City or Town)	(State) (Zip Code)	TELEPHONE NUMBER

OFFICERS OF THE ORGANIZATION			
NAME (Last, First, Middle)	TITLE	NAME (Last, First, Middle)	TITLE
1.		3.	
2.		4.	

ORGANIZATION MEMBERS WHO ARE HOLDERS OF PERSONAL IDENTIFICATION NUMBERS (Designate Member-In-Charge's Name With An Asterisk)			
NAME (Last, First, Middle)	P.I.N.	NAME (Last, First, Middle)	P.I.N.
1.		5.	
2.		6.	
3.		7.	
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)
DAY OF _____ TIME: _____ TO: _____

☐ **CLASS B** (Maximum of ten successive days) (Fee: \$10.00 per day)
DATE: _____ TO: _____ TIME: _____ TO: _____

☐ **CLASS C** (One day each month from issue date to 12/31) (Fee: \$50.00)

>5 B	am	am	JUL	am	am
	pm	pm		pm	pm
FEB	am	am	AUG	am	am
	pm	pm		pm	pm
MAR	am	am	SEP	am	am
	pm	pm		pm	pm
APR	am	am	OCT	am	am
	pm	pm		pm	pm
MAY	am	am	NOV	am	am
	pm	pm		pm	pm
JUN	am	am	DEC	am	am
	pm	pm		pm	pm

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)	RENTING/LEASING? <input type="checkbox"/> YES <input type="checkbox"/> NO
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 (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)	MY COMMISSION EXPIRES:
	DATE (Mo., Day, Yr.)	
	Application for Bingo Permit is approved	DATE (Mo., Day, Yr.)