



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 REGISTRATION  
AMUSEMENT AND RECREATION BINGO  
FOR PARENT TEACHER ASSOCIATIONS

**INSTRUCTIONS:**

1. Print or type. **Attach payment of the \$75.00 registration fee, payable to "New Milford Police Department"**
2. The completed application and fee must be submitted to: **49 Poplar Street New Milford, CT 06776**
3. An Identification Number will be issued upon approval.

<b>TO: NEW MILFORD POLICE DEPARTMENT</b>		IDENTIFICATION NUMBER <i>(To be assigned)</i>	
NAME OF ORGANIZATION		TELEPHONE NUMBER	
STREET ADDRESS <i>(No. and Street)</i>		<i>(City or Town)</i>	<i>(State)</i> <i>(Zip Code)</i>
MAILING ADDRESS <i>(Name)</i>	<i>(No. and Street)</i>	<i>(City or Town)</i>	<i>(State)</i> <i>(Zip Code)</i>

LIST OF OFFICERS OF THE SPONSORING ORGANIZATION			
NAME <i>(Last, First, Middle)</i>	TITLE	NAME <i>(Last, First, Middle)</i>	TITLE
1.		4.	
2.		5.	
3.		6.	

I, the undersigned ranking officer of subject organization, do hereby state that all Bingo sessions operated by subject organization under this registration will be conducted in compliance with the Connecticut General Statutes and with all Administrative Regulations concerning Recreational Bingo for Parent Teacher Associations.

SIGNED *(Ranking Officer)*

PRINTED NAME of Ranking Officer

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

**OATH**

Personally appeared the signer of the foregoing statement and made oath before me to the matter contained herein.

SIGNED *(Notary Public)*

MY COMMISSION EXPIRES:

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

**ATTEST**

**To the best of my knowledge and belief, information contained in this application is:**

- ☐ True and correct and subject organization qualifies for and **SHOULD** be issued a registration and an Identification Number.
- ☐ Not true or correct and subject organization **SHOULD NOT** be issued a registration and an Identification Number.

COMMENTS

SIGNED *(Chief of Police or First Selectman)*

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

APPLICATION FOR REGISTRATION AMUSEMENT &  
RECREATION BINGO FOR A PARENT TEACHER ASSOCIATION  
IS APPROVED

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

SIGNED *(Chief of Police)*