



For Official Use Only

Town of Darien, CT

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 mailed to:

TO:	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 9/30) (Fee: \$.00)
 DAY OF WEEK: _____ TIME: _____ TO: _____

CLASS B (Maximum of ten successive days) (Fee: \$.00 per day)
 DATE: _____ TO: _____ TIME: _____ TO: _____

CLASS C (One day each month from issue date to 9/30) (Fee: \$.00)

JAN ___ / ___ / ___ FROM: _____ am TO: _____ am	JUL ___ / ___ / ___ FROM: _____ am TO: _____ am
FEB ___ / ___ / ___ FROM: _____ pm TO: _____ pm	AUG ___ / ___ / ___ FROM: _____ pm TO: _____ pm
MAR ___ / ___ / ___ FROM: _____ am TO: _____ am	SEP ___ / ___ / ___ FROM: _____ am TO: _____ am
APR ___ / ___ / ___ FROM: _____ pm TO: _____ pm	OCT ___ / ___ / ___ FROM: _____ pm TO: _____ pm
MAY ___ / ___ / ___ FROM: _____ am TO: _____ am	NOV ___ / ___ / ___ FROM: _____ am TO: _____ am
JUN ___ / ___ / ___ FROM: _____ pm TO: _____ pm	DEC ___ / ___ / ___ FROM: _____ pm TO: _____ 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?			FOR OFFICE USE ONLY	
<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.) _____
 DATE (Mo., Day, Yr.) _____

Application for Bingo Permit is approved

BINGO SUPPLEMENTAL FORM

INSTRUCTIONS:

1. Print or type, and attach all required material.
2. The completed form must be mailed to:

TO: _____	IDENTIFICATION NUMBER _____
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MEMBER IN CHARGE

Name (please print): _____

Home telephone number: (_____) _____

Work telephone number: (_____) _____

I, the undersigned Member In Charge of the subject organization, do hereby state that I have read the Connecticut General Statutes governing Bingo and the Administrative Regulations, Operation Of Bingo Games, and that I will be responsible for the holding, operation and conduct of all Bingo sessions in accordance with the terms of the permit, and the provisions of the Bingo law and the administrative regulations governing Bingo.

SIGNED (*Member In Charge*)

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

BINGO SESSION

Provide the time the doors open to the public: _____

Provide the time the sale of cards or sheets begins: _____

Provide the time balls will be drawn for the bonanza game (if any): _____

Provide the time the bingo games will start: _____

SPECIAL BINGO BANK ACCOUNT (for Class A&C ONLY)

Account number: _____

Attach a voided (not cancelled) check from the special bingo bank account in the space provided below:

<p>ATTACH VOIDED CHECK HERE (please staple the check on the left edge of the paper)</p>
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ATTACHMENT

Attach one original identifiable admission card, sheet or ticket. A photocopy is **not** acceptable.



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STATEMENT OF ACTIVE MEMBERS DESIGNATED BY SPONSORING ORGANIZATION UNDER WHOM THE RAFFLE IS TO BE HELD, OPERATED OR CONDUCTED

We, the undersigned, do hereby EACH make the following statement under the penalty of False Statement with respect to the foregoing application:

1. I am a resident of the state of Connecticut.
2. I am a bona fide active member of the sponsoring organization making this application to conduct a raffle and all statements contained in this application are true to the best of my knowledge and belief.
3. I will be responsible for the holding, operation and conduct of such raffle in accordance with the terms of the permit, the provisions of the Act, and regulations.
4. I have never been convicted of a felony.
5. I am familiar with the provisions of the Act which PROHIBIT:
 - a. The giving of cash prizes, except with an approved "Class No. 1", "Class No. 2", "Class No. 4", cow-chip, duck-race, golf ball drop ("Class No. 6" only), or frog-race raffle permit.
 - b. The giving of alcoholic beverages as prizes.
 - c. The giving of prizes redeemable for cash.
 - d. The paying of commission, salary, compensation, reward or recompense, directly or indirectly, to any person holding, operating, conducting or assisting therein in the operation of a raffle.
 - e. The promotion or operation of a raffle by other than duly qualified members of the sponsoring organization.
 - f. The giving of pay to any member for his time or effort in connection with a raffle.
 - g. The promotion, conduct or operation of a raffle by a person under the age of 18 or the permitting of same by the sponsoring organization.
 - h. The selling or promoting of the sale of raffle tickets by persons under the age of 16 years, or the permitting of the same by the sponsoring organization.
 - i. The use of funds derived from the raffle for purposes other than as stated in this application.
 - j. The paying of any monies except in reasonable amounts for goods, wares and merchandise furnished or services rendered which are necessary for the operation of a raffle.
6. I am familiar with the provisions of the Act which:
 - a. Provide that each raffle ticket shall have printed thereon the time, date and place of the raffle, the three most valuable prizes to be awarded and the total number of prizes to be awarded.
 - b. Require all proceeds from cash prize raffles to be deposited in a special checking account established and maintained by the sponsoring organization, and all raffle expenses and cash prizes awarded shall be paid from such account.
 - c. Require all proceeds from special tuition raffles to be deposited in an approved dedicated bank account and all raffle expenses shall be paid from such account.
 - d. Make mandatory the immediate revocation of a permit to conduct a raffle for a violation of the provisions of the Bazaar or Raffle Act, and which provide that an organization whose permit has been revoked for a violation shall not be granted another permit for a period of three years.
 - e. Provide a fine of not more than one thousand dollars or imprisonment for not more than one year or both for a violation of the Act.

PRINTED NAMES AND SIGNATURES OF DESIGNATED ACTIVE MEMBERS:

NAME (Please print)	NAME (Please print)	NAME (Please print)
1.	2.	3.
SIGNATURE AND DATE	SIGNATURE AND DATE	SIGNATURE AND DATE