

TOWN OF SOMERS  
 Somers Resident State Troopers Office  
 451 Main Street  
 Somers, CT 06071  
 Email: [police@somersct.gov](mailto:police@somersct.gov)  
 Website: [www.somersct.gov](http://www.somersct.gov)



**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: *The above listed address*

<b>TO:</b>		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)

am	am	am	am
JAN ___ / ___ / ___ FROM: _____ pm TO: _____ pm	JUL ___ / ___ / ___ FROM: _____ pm TO: _____ pm	FEB ___ / ___ / ___ FROM: _____ pm TO: _____ pm	AUG ___ / ___ / ___ FROM: _____ pm TO: _____ pm
MAR ___ / ___ / ___ FROM: _____ pm TO: _____ pm	SEP ___ / ___ / ___ FROM: _____ pm TO: _____ pm	APR ___ / ___ / ___ FROM: _____ pm TO: _____ pm	OCT ___ / ___ / ___ FROM: _____ pm TO: _____ pm
MAY ___ / ___ / ___ FROM: _____ pm TO: _____ pm	NOV ___ / ___ / ___ FROM: _____ pm TO: _____ pm	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:
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WHO OWNS THESE PREMISES? (Name)	(No. and Street)	(City or Town)	(State)	(Zip Code)	RENTING/LEASING? <input type="checkbox"/> YES <input type="checkbox"/> NO	FOR OFFICE USE ONLY
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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**

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## BINGO SUPPLEMENTAL FORM

### **INSTRUCTIONS:**

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

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><b>ATTACH VOIDED CHECK HERE</b> (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.