TOWN OF SOMERS Somers Resident State Troopers Office 451 Main Street Somers, CT 06071

**APPLICATION FOR REGISTRATION AMUSEMENT &** 

**IS APPROVED** 

RECREATION BINGO FOR A PARENT TEACHER ASSOCIATION

Email: police@somersct.gov Website: www.somersct.gov

## TAPPLICATION FOR REGISTRATION AMUSEMENT AND RECREATION BINGO FOR PARENT TEACHER ASSOCIATIONS

1. Print or type. Attach payment of 2. The completed application and fee 3. An Identification Number will be is	must be mailed to:	ı fee, pa	yable to "		**		
			IDENTIFICATION NUMBER (To be assigned)				
TO:							
				T			
NAME OF ORGANIZATION					TELEPHONE NUM	MBER	
STREET ADDRESS (No. and Street)		(City or Town) (State)		(State)		(Zip Code)	
MAILING ADDRESS (Name)	(No. and Street)	(City or Town)		own)	(State)	(Zip Code)	
LIST O	F OFFICERS OF THE SI	PONSOR	ING ORGAI	NIZATION			
NAME (Last, First, Middle)	TITLE	NAME (Last, First, Middle)			TITLE		
1.		4.					
2.		5.					
3.		6.					
I, the undersigned ranking officer of subj that all Bingo sessions operated by	subject organization und	ler this	SIGNED (Ranki	ing Officer)  of Ranking Office	r		
registration will be conducted in compliance with the Connecticut Statutes and with all Administrative Regulations concerning Recrebingo for Parent Teacher Associations.							
			DATE (Mo., Day, Yr.)				
	OA'	ТН					
Personally appeared the signer of the	e foregoing statement a	nd made	oath before	e me to the m	atter contain	ed 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 <b>SHOULD</b> be issued a registration and an Identification Number.							
Not true or correct and subject of	organization SHOULD I	NOT be	issued a reg	gistration and	an Identifica	tion Number.	
COMMENTS							
SIGNED (Chief of Police or First Selectman)			DATE (Mo., Day, Yr.)				

DATE (Mo., Day, Yr.)