

Town of Portland, Connecticut

33 East Main Street • P.O. Box 71 • Portland, CT 06480-0071 www.portlandct.org • Phone: (860) 342-6715 • Fax: (860) 342-6714 Equal Opportunity Provider and Employer Office of the First Selectman

Application to Amend – Bingo Games

CGB-5

Instructions:

- 1. Print or type; have the application notarized.
- 2. Submit completed form to the Portland First Selectman.

No Bingo Permit, no Certificate of Registration, and no Certificate of Personal Identification Number issued under the Connecticut General Statutes, or Administrative Regulations issued pursuant thereto, may be amended except upon application through use of this form.

| TO: PORTLAND FIRST SELECTMAN | | Identification Number | | | |
|--|-------------------------------|-----------------------|---|--|--|
| Name of Sponsoring Organization | | Telephone Number | | | |
| | | () | | | |
| Address of Organization (No. and Stree | et, City or Town, State, ZIP) | | | | |
| APPLICATION IS MADE TO: | | | | | |
| (check all that apply) | | | 1 | | |
| Amend the bingo permit | Permit Number: | | | | |

Amend the certificate of registration

Amend the certificate of personal identification number

| P.I.N.: | | | |
|---------|--|--|--|
| | | | |

Please provide the details of the proposed amendment(s):

| PRINTED NAME of person preparing this form | | SIGNED (Person preparing form) | | Telephone Number | |
|--|--|--------------------------------|--|------------------|--------------|
| | | | | () | |
| SIGNED (Organization Ranking Officer) | | TITLE of Ranking Officer | | DATE (M/D/Y) | |
| | | | | | |
| Subscribed and SIGNED (Notary Publ | | lic) My Commission ex | | pires: | DATE (M/D/Y) |
| sworn to before me. | | | | | |
| Amendment Disapproved | | SIGNED (First Selectman) | | | DATE (M/D/Y) |
| May remain in full force and effect in accordance with change(s) set forth above | | | | | |