



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 for Permit to Conduct Bingo Games

TOP-3

Instructions:

1. Print or type; submit completed form to the Portland First Selectman at least fifteen (15) working days prior to the start of the bingo games.
2. Applying organization must be a qualified non-profit functioning for a minimum of two (2) years.

Name of Sponsoring Organization		FEIN		Date Organized	
Organization Street Address			City		State
Mailing Address (if different than above)			City		State
Telephone Number (with area code)			Email Address		
OFFICERS OF THE ORGANIZATION					
NAME (Last, First, Middle)		TITLE		NAME (Last, First, Middle)	
TITLE				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?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
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Check Type of Permit Applied for and Indicate Day(s) and Date(s):

<input type="checkbox"/> Class A – 1 day each week from issue date (Fee \$75.00) Day of Week: _____ Time: _____ To: _____		<input type="checkbox"/> Class B – maximum of 10 successive days (Fee \$10.00 per day) Date: _____ To: _____ Time: _____ To: _____			
<input type="checkbox"/> Class C – 1 day each month from issue date (Fee \$50.00)					
JAN ___/___/___	FROM: _____ pm am	TO: _____ pm am	JUL ___/___/___	FROM: _____ pm am	TO: _____ pm am
FEB ___/___/___	FROM: _____ pm am	TO: _____ pm am	AUG ___/___/___	FROM: _____ pm am	TO: _____ pm am
MAR ___/___/___	FROM: _____ pm am	TO: _____ pm am	SEP ___/___/___	FROM: _____ pm am	TO: _____ pm am
APR ___/___/___	FROM: _____ pm am	TO: _____ pm am	OCT ___/___/___	FROM: _____ pm am	TO: _____ pm am
MAY ___/___/___	FROM: _____ pm am	TO: _____ pm am	NOV ___/___/___	FROM: _____ pm am	TO: _____ pm am
JUN ___/___/___	FROM: _____ pm am	TO: _____ pm am	DEC ___/___/___	FROM: _____ pm am	TO: _____ pm am

ADDRESS WHERE BINGO WILL BE PLAYED (No. and Street)		(City)	(State & ZIP)
Renting/Leasing Premises: <input type="checkbox"/> YES <input type="checkbox"/> NO		Maximum Seating Capacity According to Law:	
Who own's these premises? (Name)	(No. and Street)	(City)	(State & ZIP)

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.

Signature (Ranking Officer)	Date
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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)	

Application for Bingo Games is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:	Permit No.
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