

TOWN OF STAFFORD
 OFFICE OF FIRST SELECTMAN
 1 Main Street
 Stafford Springs, CT 06076
 Email: staffordtownhall@staffordct.org
 Web site: www.staffordct.org



**APPLICATION TO AMEND
 BINGO**

INSTRUCTIONS:

1. Print or type. Have the application notarized.
2. The completed form must be mailed to **Office of First Selectman 1 Main St. Stafford Springs, CT 06076**

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: TOWN OF STAFFORD	IDENTIFICATION NUMBER
NAME OF SPONSORING ORGANIZATION	
TELEPHONE NUMBER	
ADDRESS OF ORGANIZATION <i>(No. and Street)</i>	
<i>(City or Town)</i>	<i>(State) (Zip Code)</i>

APPLICATION IS MADE TO:
 (Check all that apply)

<input type="checkbox"/> Amend the bingo permit	PERMIT NUMBER
<input type="checkbox"/> Amend the certificate of registration	
<input type="checkbox"/> Amend the certificate of personal identification number	PERSONAL IDENTIFICATION NUMBER

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

PRINTED NAME of person preparing this form	SIGNED <i>(Person preparing form)</i>	TELEPHONE NUMBER
SIGNED <i>(Organization Ranking Officer)</i>	TITLE of Ranking Officer	DATE <i>(Mo., Day, Yr.)</i>
Subscribed and sworn to before me.	SIGNED <i>(Notary Public)</i>	My Commission Expires:
	DATE <i>(Mo., Day, Yr.)</i>	
<input type="checkbox"/> AMENDMENT DISAPPROVED	<input type="checkbox"/> MAY REMAIN IN FULL FORCE AND EFFECT IN ACCORDANCE WITH CHANGE(S) SET FORTH ABOVE	