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

APPLICATION FOR REGISTRATION AMUSEMENT AND RECREATION BINGO

INSTRUCTIONS:

1. Print or type.
2. Mail application to: Office of the First Selectman
3. An Identification Number will be issued upon approval.

TO:

IDENTIFICATION NUMBER *(To be assigned)*

NAME OF ORGANIZATION

TELEPHONE NUMBER

STREET ADDRESS *(No. and Street)* *(City or Town)* *(State)* *(Zip Code)*

MAILING ADDRESS *(Name)* *(No. and Street)* *(City or Town)* *(State)* *(Zip Code)*

Does your organization consist of members sixty (60) years of age or older? ☐ YES ☐ NO

INDICATE DAY(S) OF WEEK AND HOURS OF BINGO OPERATION

1 ☐	SUNDAY	From: _____ am ☐ pm ☐	To: _____ am ☐ pm ☐	5 ☐	THURSDAY	From: _____ am ☐ pm ☐	To: _____ am ☐ pm ☐
2 ☐	MONDAY	From: _____ am ☐ pm ☐	To: _____ am ☐ pm ☐	6 ☐	FRIDAY	From: _____ am ☐ pm ☐	To: _____ am ☐ pm ☐
3 ☐	TUESDAY	From: _____ am ☐ pm ☐	To: _____ am ☐ pm ☐	7 ☐	SATURDAY	From: _____ am ☐ pm ☐	To: _____ am ☐ pm ☐
4 ☐	WEDNESDAY	From: _____ am ☐ pm ☐	To: _____ am ☐ pm ☐				

ADDRESS WHERE BINGO WILL BE PLAYED *(No. and Street)* *(City or Town)* *(State)* *(Zip Code)*

I, the undersigned ranking officer of subject organization, do hereby state that all Bingo sessions operated by subject organization under this registration will be conducted in compliance with Connecticut General Statutes and with all Administrative Regulations concerning Amusement and Recreation Bingo.

SIGNED *(Ranking Officer)*

PRINTED NAME of *Ranking Officer*

DATE *(Mo., Day, Yr.)*

OATH

Personally appeared the signer of the foregoing statement and made oath before me to the matter contained 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 SHOULD be issued a registration and an Identification Number.**

☐ **Not true or correct and subject organization SHOULD NOT be issued a registration and an Identification Number.**

COMMENTS

SIGNED *(First Selectman)*

DATE *(Mo., Day, Yr.)*

APPLICATION FOR AMUSEMENT AND RECREATION BINGO REGISTRATION IS APPROVED

DATE *(Mo., Day, Yr.)*