



**MILFORD POLICE DEPARTMENT**  
**430 BOSTON POST ROAD • MILFORD, CT 06460**  
Licensing office: (203) 783-4786 • Email: License@mifordct.gov



**APPLICATION FOR PERMIT TO CONDUCT BINGO**

**INSTRUCTIONS:**

1. Print or type and, if necessary, use additional sheets. Have application notarized.
2. The completed form must be submitted to the Licensing Division of the Milford Police Department.

<b>TO: Licensing, Milford Police Department</b>			PERMIT NUMBER <i>(To be assigned by Consumer Protection)</i>		
NAME OF ORGANIZATION			IDENTIFICATION NUMBER		
ADDRESS OF ORGANIZATION <i>(No. and Street)</i>		<i>(City or Town)</i>	<i>(State)</i>	<i>(Zip Code)</i>	DATE ORGANIZED
MAILING ADDRESS <i>(No. and Street)</i>		<i>(City or Town)</i>	<i>(State)</i>	<i>(Zip Code)</i>	TELEPHONE NUMBER

OFFICERS OF THE ORGANIZATION			
NAME <i>(Last, First, Middle)</i>	TITLE	NAME <i>(Last, First, Middle)</i>	TITLE
1.		3.	
2.		4.	

ORGANIZATION MEMBERS WHO ARE HOLDERS OF PERSONAL IDENTIFICATION NUMBERS <i>(Designate Member-In-Charge's Name With An Asterisk)</i>			
NAME <i>(Last, First, Middle)</i>	P.I.N.	NAME <i>(Last, First, Middle)</i>	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? ☐ YES ☐ NO

**Check Type of Permit Applied for and Indicate Day(s) and Date(s):**

<input type="checkbox"/> <b>CLASS A</b> (One day each week from issue date to 6/30) (Fee: \$75.00) DAY OF _____ WEEK: _____ TIME: _____ TO: _____	<input type="checkbox"/> <b>CLASS B</b> (Maximum of ten successive days) (Fee: \$10.00 per day) DATE: _____ TO: _____ TIME: _____ TO: _____
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☐ **CLASS C** (One day each month from issue date to 6/30) (Fee: \$50.00)

>5 B ____/____/____ FROM: ____am TO: ____am	JUL ____/____/____ FROM: ____am TO: ____am	AUG ____/____/____ FROM: ____am TO: ____am	SEP ____/____/____ FROM: ____am TO: ____am
FEB ____/____/____ FROM: ____pm TO: ____pm	OCT ____/____/____ FROM: ____pm TO: ____pm	NOV ____/____/____ FROM: ____pm TO: ____pm	DEC ____/____/____ FROM: ____pm TO: ____pm
MAR ____/____/____ FROM: ____pm TO: ____pm			
APR ____/____/____ FROM: ____pm TO: ____pm			
MAY ____/____/____ FROM: ____pm TO: ____pm			
JUN ____/____/____ FROM: ____pm TO: ____pm			

ADDRESS WHERE BINGO WILL BE PLAYED <i>(No. and Street)</i>			<i>(City or Town)</i>	<i>(State)</i>	<i>(Zip Code)</i>	MAXIMUM SEATING CAPACITY ACCORDING TO LAW:
WHO OWNS THESE PREMISES? <i>(Name)</i>			<i>(No. and Street)</i>	<i>(City or Town)</i>	<i>(State)</i> <i>(Zip Code)</i>	RENTING/LEASING? <input type="checkbox"/> YES <input type="checkbox"/> NO
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.						FOR OFFICE USE ONLY

Personally appeared the signer of the foregoing statement and made oath before me to the truth of matters contained therein.	SIGNED <i>(Ranking Officer)</i>		MY COMMISSION EXPIRES:
	DATE <i>(Mo., Day, Yr.)</i>		
	DATE <i>(Mo., Day, Yr.)</i>		
Application for Bingo Permit is approved			



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**BINGO SUPPLEMENTAL FORM**

1. Print or type, and attach all required material.
2. The completed form must be submitted to the Licensing Division of the Milford Police Department.

TO: MILFORD POLICE DEPARTMENT	IDENTIFICATION NUMBER
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**MEMBER IN CHARGE**

Name (please print): \_\_\_\_\_

Home telephone number: (\_\_\_\_\_) \_\_\_\_\_

Work telephone number: (\_\_\_\_\_) \_\_\_\_\_

I, the undersigned Member In Charge of the subject organization, do hereby state that I have read the Connecticut General Statutes governing Bingo and the Administrative Regulations, Operation Of Bingo Games, and that I will be responsible for the holding, operation and conduct of all Bingo sessions in accordance with the terms of the permit, and the provisions of the Bingo law and the administrative regulations governing Bingo.

SIGNED (Member In Charge)	DATE (Mo., Day, Yr.)
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**BINGO SESSION**

Provide the time the doors open to the public: \_\_\_\_\_

Provide the time the sale of cards or sheets begins: \_\_\_\_\_

Provide the time balls will be drawn for the bonanza game (if any): \_\_\_\_\_

Provide the time the bingo games will start: \_\_\_\_\_

**SPECIAL BINGO BANK ACCOUNT** (for Class A&C ONLY)

Account number: \_\_\_\_\_

Attach a voided (not cancelled) check from the special bingo bank account in the space provided below:

<p><b>ATTACH VOIDED CHECK HERE</b> (please staple the check on the left edge of the paper)</p>
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**ATTACHMENT**

Attach one original identifiable admission card, sheet or ticket. A photocopy is not acceptable.