



MILFORD POLICE DEPARTMENT
430 BOSTON POST ROAD
MILFORD, CT 06460



Licensing office: (203) 783-4786
Email: License@ci.miford.ct.us

APPLICATION FOR BINGO REGISTRATION

INSTRUCTIONS:

The completed application must be submitted to the Licensing office of the Milford Police Department, which must conduct an investigation and make a recommendation regarding issuance of a registration and an Identification Number.

TO: Milford Police Department		IDENTIFICATION NO.	
NAME OF ORGANIZATION		TELEPHONE NUMBER	
STREET ADDRESS (No. and Street)		(City or Town)	(State) (Zip Code)
APPLICANT'S PRIMARY ACTIVITY (Check only ONE)			
1. <input type="checkbox"/> Volunteer Fire Dept.	3. <input type="checkbox"/> Educational	5. <input type="checkbox"/> Veterans	7. <input type="checkbox"/> Charitable
2. <input type="checkbox"/> Civic	4. <input type="checkbox"/> Fraternal	6. <input type="checkbox"/> Religious	8. <input type="checkbox"/> Grange
Is the applicant a bonafide nonprofit organization Has it had legal local existence of not less than two years?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, attach a copy of the determination letter from the IRS confirming the organization's exempt status.
Under which section of the Tax Exempt Status Code of the IRS is this organization recognized?		What is the sponsoring organization's IRS Employer Identification Number?	
Is the organization incorporated? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF INCORPORATION	
PRINTED NAME of Ranking Officer		SIGNED (Ranking Officer)	DATE (Mo., Day, Yr.)
ADDRESS (No. and Street)		(City or Town)	(State) (Zip Code)

OATH

Personally appeared the signer of the foregoing statement and made oath before me to the matter contained herein.

SIGNED (Notary Public)	DATE (Mo., Day, Yr.)	MY COMMISSION EXPIRES:
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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 (Chief of Police or First Selectman)	DATE (Mo., Day, Yr.)
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THIS IS NOT A PERMIT TO CONDUCT BINGO! This registration is approved for issuance pursuant to Sec. 7-169a, C.G.S., as recommended by the Chief of Police/First Selectman as to the applicant's qualifications.

Application for Registration is approved	DATE (Mo., Day, Yr.)
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