

Town of Thompson CT
815 Riverside Dr
P. O. Box 899
North Grosvenordale, CT 06255
860-923-9561
Selectmenoffice@thompsonct.org
http://www.thompsonct.org



3/20/18

APPLICATION FOR REGISTRATION
AMUSEMENT AND RECREATION BINGO

INSTRUCTIONS:

1. Print or type.
2. Mail application to: Town of Thompson CT, P. O. Box 899, North Grosvenordale, CT 06255
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 <input type="checkbox"/> SUNDAY	From: _____ am _____ pm	To: _____ am _____ pm	5 <input type="checkbox"/> THURSDAY	From: _____ am _____ pm	To: _____ am _____ pm
2 <input type="checkbox"/> MONDAY	From: _____ am _____ pm	To: _____ am _____ pm	6 <input type="checkbox"/> FRIDAY	From: _____ am _____ pm	To: _____ am _____ pm
3 <input type="checkbox"/> TUESDAY	From: _____ am _____ pm	To: _____ am _____ pm	7 <input type="checkbox"/> SATURDAY	From: _____ am _____ pm	To: _____ am _____ pm
4 <input type="checkbox"/> 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 (Chief of Police or First Selectman)

DATE (Mo., Day, Yr.)

APPLICATION FOR AMUSEMENT AND RECREATION BINGO REGISTRATION IS APPROVED

DATE (Mo., Day, Yr.)

BINGO SUPPLEMENTAL FORM



INSTRUCTIONS:

1. Print or type, and attach all required materi
2. The completed form must be mailed to:

TO:

IDENTIFICATION NUMBER

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.) _____

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:

ATTACH VOIDED CHECK HERE
(please staple the check on the left edge of the paper)

ATTACHMENT

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