



# TOWN OF OLD LYME

## APPLICATION FOR REGISTRATION AMUSEMENT AND RECREATION BINGO

### OFFICE OF THE SELECTMEN

52 Lyme Street

Old Lyme, CT 06371

[www.oldlyme-ct.gov](http://www.oldlyme-ct.gov)

Tel. (860) 434-1605

Fax (860) 434-1400

### INSTRUCTIONS:

1. Print or type.
2. Mail application to:
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.)



# TOWN OF OLD LYME

## OFFICE OF THE SELECTMEN

52 Lyme Street

Old Lyme, CT 06371

[www.oldlyme-ct.gov](http://www.oldlyme-ct.gov)

Tel. (860) 434-1605

Fax (860) 434-1400

## BINGO SUPPLEMENTAL FORM

### INSTRUCTIONS:

1. Print or type, and attach all required material.
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:

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

### ATTACHMENT



# TOWN OF OLD LYME

## OFFICE OF THE SELECTMEN

52 Lyme Street  
Old Lyme, CT 06371  
[www.oldlyme-ct.gov](http://www.oldlyme-ct.gov)  
Tel. (860) 434-1605  
Fax (860) 434-1400

### NOTICE AND STATEMENT OF APPLICANT

#### INSTRUCTIONS:

1. Please sign this form in the two areas provided below.
2. Mail form to:

#### **NOTICE**

The purpose of this notice is to advise that all applications for registrations/permits are individually checked for convictions of any crime other than traffic violations.

Your failure to truthfully disclose any such convictions, either for yourself or your spouse may result in the denial of your application for registrations/permits.

Similarly, your failure to provide all of the details of ANY conviction, such as the date of the conviction, the offense of which you were convicted, the court location where you were convicted and the disposition made by the court location where you were convicted and the disposition made by the court in your case – i.e., 30 days - \$50.00 fine, probation, etc. will also be cause for denial of the registration/permit.

In addition, any falsification or untruthful answer to any other question on the application may result in a denial of the registration/permit.

Please sign this form where indicated below.

I hereby acknowledge that I have read the foregoing notice.

*Printed Name of Applicant*

*Signature of Applicant*

*Date*

#### **STATEMENT OF APPLICANT**

BY THE ACCEPTANCE OF ANY REGISTRATION/PERMIT issued pursuant to this application:

I agree to abide by the applicable Regulations.

I HEREBY CERTIFY that I have read the foregoing application and affirm that every statement contained therein is TRUE, COMPLETE AND CORRECT. I understand that if I misstate or omit any fact, I am subject to the penalties provided by law and by the above-mentioned applicable regulations.

I HEREBY AUTHORIZE the to investigate any and all records concerning my background, including – but not limited to – any criminal convictions. I FULLY UNDERSTAND the preceding WAIVER.

*Printed Name of Applicant*

*Signature of Applicant*

*Date*