



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
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.)



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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:

ATTACH VOIDED CHECK HERE

(please staple the check on the left edge of the paper)

ATTACHMENT



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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