



Application for Registration Amusement and Recreation Bingo Senior Organizations

INSTRUCTIONS:

- 1. Print or type.
2. Mail application to: Coventry Police Department, Attn: Records, 1585 Main Street, Coventry, CT 06238
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 SUNDAY From: am pm To: am pm 5 THURSDAY From: am pm To: am pm
2 MONDAY From: am pm To: am pm 6 FRIDAY From: am pm To: am pm
3 TUESDAY From: am pm To: am pm 7 SATURDAY From: am pm To: am pm
4 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.)