Wallingford Police Department
Records Division
135 North Main Street
Wallingford, CT 06492
(203) 294-2810

APPLICATION FOR REGISTRATION AMUSEMENT AND RECREATION BINGO

INSTRUCTIONS:

1. Print or type.
2. Mail application to: **Wallingford Police Department**
3. An Identification Number will be issued upon approval.

TO: Wallingford Police Department	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.)*