



Town of Redding
 Police Department
 96 Hill Rd.
 Redding, CT 06896
 Website: www.rpdct.us
 Email: charitablegames@rpdct.us

**APPLICATION FOR PERSONAL
 IDENTIFICATION NUMBER
 (P.I.N.) BINGO**

INSTRUCTIONS:

1. Print or type.
2. Complete and attach Notice and Statement of Applicant.
3. Mail application forms to: Redding Police Department
 96 Hill Rd.
 Redding, CT 06896
4. A Personal Identification Number (P.I.N.) will be issued upon approval.

| | | | | | | |
|--|--|---|--|--|----------------------|--|
| TO: Town of Redding Police Department | | | | | P.I.N. | |
| NAME OF APPLICANT (Last) (First) (Middle) | | | | SOCIAL SECURITY NUMBER | | |
| ADDRESS OF APPLICANT (No. and Street) (City or Town) (State) (Zip Code) | | | | TELEPHONE NUMBER | | |
| HOW LONG AT PRESENT ADDRESS? | | PREVIOUS ADDRESS (No. and Street) (City or Town) (State) (Zip Code) | | | | |
| DATE OF BIRTH (Mo.) (Day) (Yr.) | | PLACE OF BIRTH | | SEX M <input type="checkbox"/> F <input type="checkbox"/> | | HEIGHT |
| Have you EVER been convicted of any crime, felony, misdemeanor, disorderly persons offense or other offense other than a traffic violation? | | | | | | WEIGHT |
| | | | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| IF "YES", GIVE DETAILS: | | | | | | |
| | | | | | | |
| ORGANIZATION REPRESENTED (Name) (No. and Street) (City or Town) (State) (Zip Code) | | | | | | |
| ORGANIZATION'S IDENTIFICATION NUMBER | | | | HOW LONG HAVE YOU BEEN A BONAFIDE MEMBER OF ORGANIZATION? Please specify in terms of years or months. | | |
| | | | | YEARS | | MONTHS |
| Have you ever applied for a P.I.N. to operate bingo games for any other organization? | | | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| IF "YES", GIVE DETAILS: (Organization Name) (No. and Street) (City or Town) (State) (Zip Code) | | | | | ASSIGNED P.I.N. | |
| APPLICANT'S SIGNATURE (Please sign with blue or black ink only) | | | | | DATE (Mo., Day, Yr.) | |
| | | | | | | |
| I hereby certify that the above named applicant is a bonafide member of the represented organization. | | | | | | |
| SIGNATURE OF ORGANIZATION RANKING OFFICER (Note: The applicant may not sign as an officer) | | | | | DATE (Mo., Day, Yr.) | |
| | | | | | | |
| DO NOT WRITE BELOW THIS LINE | | | | | | |
| APPLICATION FOR P.I.N. IS APPROVED | | | | DATE (Mo., Day, Yr.) | | |
| | | | | | | |



Town of Redding
 Police Department
 96 Hill Rd.
 Redding, CT 06896
 Website: www.rpdct.us
 Email: charitablegames@rpdct.us

**NOTICE AND STATEMENT
 OF APPLICANT**

INSTRUCTIONS:

1. Please sign this form in the two areas provided below.
2. Mail form to: Town of Redding Police Department
 96 Hill Rd
 Redding, CT 06896

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 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 Town of Redding Police Department 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



Town of Redding
 Police Department
 96 Hill Rd.
 Redding, CT 06896
 Website: www.rpdct.us
 Email: charitablegames@rpdct.us

**APPLICATION FOR PERMIT
 TO CONDUCT BINGO
 CHARITABLE GAMES**

INSTRUCTIONS:

1. Print or type and, if necessary, use additional sheets. Have application notarized.
2. The completed form must be mailed to: Town of Redding Police Department 96 Hill Rd. Redding, CT 06896

| | | | | | |
|--|--|----------------|-----------------------|------------|------------------|
| TO: Town of Redding Police Department | | | PERMIT NUMBER | | |
| NAME OF ORGANIZATION | | | IDENTIFICATION NUMBER | | |
| ADDRESS OF ORGANIZATION (No. and Street) | | (City or Town) | (State) | (Zip Code) | DATE ORGANIZED |
| MAILING ADDRESS (No. and Street) | | (City or Town) | (State) | (Zip Code) | TELEPHONE NUMBER |

| OFFICERS OF THE ORGANIZATION | | | |
|------------------------------|-------|----------------------------|-------|
| NAME (Last, First, Middle) | TITLE | NAME (Last, First, Middle) | TITLE |
| 1. | | 3. | |
| 2. | | 4. | |

| ORGANIZATION MEMBERS WHO ARE HOLDERS OF PERSONAL IDENTIFICATION NUMBERS <small>(Designate Member-In-Charge's Name With An Asterisk)</small> | | | |
|--|--------|----------------------------|--------|
| NAME (Last, First, Middle) | P.I.N. | NAME (Last, First, Middle) | P.I.N. |
| 1. | | 5. | |
| 2. | | 6. | |
| 3. | | 7. | |
| 4. | | 8. | |

MEMBER IN CHARGE: Is the Member in Charge a bona-fide, active member of the organization and a member in good standing for at least six months? YES NO

Check Type of Permit Applied for and Indicate Day(s) and Date(s):

CLASS A (One day each week from issue date to 9/30) (Fee: \$ 75.00)
 DAY OF _____ TIME: _____ TO: _____

CLASS B (Maximum of ten successive days) (Fee: \$ 10.00 per day)
 DATE: _____ TO: _____ TIME: _____ TO: _____

CLASS C (One day each month from issue date to 9/30) (Fee: \$ 50.00)

| | | | | | | | |
|------|----------------|----------------|--------------|-----|----------------|----------------|--------------|
| >5 B | ____/____/____ | FROM: _____ am | TO: _____ am | JUL | ____/____/____ | FROM: _____ am | TO: _____ am |
| FEB | ____/____/____ | FROM: _____ pm | TO: _____ pm | AUG | ____/____/____ | FROM: _____ am | TO: _____ am |
| MAR | ____/____/____ | FROM: _____ am | TO: _____ am | SEP | ____/____/____ | FROM: _____ pm | TO: _____ pm |
| APR | ____/____/____ | FROM: _____ pm | TO: _____ pm | OCT | ____/____/____ | FROM: _____ am | TO: _____ am |
| MAY | ____/____/____ | FROM: _____ am | TO: _____ am | NOV | ____/____/____ | FROM: _____ pm | TO: _____ pm |
| JUN | ____/____/____ | FROM: _____ pm | TO: _____ pm | DEC | ____/____/____ | FROM: _____ am | TO: _____ am |

| | | | | | | |
|---|--|--|----------------|---------|------------|--|
| ADDRESS WHERE BINGO WILL BE PLAYED (No. and Street) | | | (City or Town) | (State) | (Zip Code) | MAXIMUM SEATING CAPACITY ACCORDING TO LAW: |
|---|--|--|----------------|---------|------------|--|

| | | | | | | | |
|---------------------------------|--|------------------|----------------|---------|------------|--|---------------------|
| WHO OWNS THESE PREMISES? (Name) | | (No. and Street) | (City or Town) | (State) | (Zip Code) | RENTING/LEASING? <input type="checkbox"/> YES <input type="checkbox"/> NO | FOR OFFICE USE ONLY |
|---------------------------------|--|------------------|----------------|---------|------------|--|---------------------|

I, the undersigned ranking officer of subject organization, do hereby state that all Bingo sessions operated by subject organization under this permit will be conducted in compliance with the Connecticut General Statutes and with all Administrative Regulations concerning Bingo Games.

SIGNED (Ranking Officer) _____
 DATE (Mo., Day, Yr.) _____

| | | |
|--|------------------------|------------------------|
| Personally appeared the signer of the foregoing statement and made oath before me to the truth of matters contained therein. | SIGNED (Notary Public) | MY COMMISSION EXPIRES: |
| | DATE (Mo., Day, Yr.) | |
| | DATE (Mo., Day, Yr.) | |
| Application for Bingo Permit is approved | | |



Town of Redding
 Police Department
 96 Hill Rd.
 Redding, CT 06896
 Website: www.rpdct.us
 Email: charitablegames@rpdct.us

BINGO SUPPLEMENTAL FORM

INSTRUCTIONS:

1. Print or type, and attach all required material.
2. The completed form must be mailed to: Town of Redding Police Department 96 Hill Rd. Redding, CT 06896

IDENTIFICATION NUMBER

| | |
|--|--|
| TO: Town of Redding Police Department | |
|--|--|

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.

 SIGNATURE (*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.

INSTRUCTIONS FOR COMPLETION OF THE BINGO PRICE SHEET

- Complete the Bingo Price Sheet in duplicate. The name and address of the sponsoring organization must be printed on each page. This information must be listed exactly as it was on the organization's approved bingo registration. Page numbers should be printed in the upper left-hand corner of each page. The Organization I.D. # and the type of permit (BA, BB, BM) should be printed in the upper right-hand corner of each page.
- **Identifiable admission:** Provide information regarding the identifiable admission card, sheet or ticket that each player is required to have at an authorized bingo game. Simply provide the color and type of identifiable admission card, sheet or ticket, the number of faces and sheets (if any), and the cost (if any) in the spaces provided.

Package sales: A "regular game" package is simply listed as a "package". Acceptable special game packages are as follows: "early bird package", "special package", or "quickest package". Package colors must be listed in the order that they are played, and the number of sheets must equal the number of colors available. Every sheet must be identified as a border, solid, tint or striped. The exceptions to this rule are "pre-printed" or "tear-open" sheets, but a color still needs to be mentioned. Any color that is also available separately must be noted. **Please Note:** **Bingo cards or sheets must be sold at a uniform unit price, and when a specific colored sheet is sold for a particular game or games, that same color may not be used again during the same bingo session.** For example: A package contains a 3 face red border and there is also a 1 face red border listed as a special. **This is not allowed.**

- **Individual sales:** These must be listed in the order that they are to be played, and numbered accordingly. These games must be identified as "special", "bonanza", "quickest", "early bird", "50/50", "WTA", and "progressive" games. If a game is also sold in a package, it must be noted accordingly.
- **Minimum required admission:** The first line must contain information regarding the identifiable admission card, sheet or ticket. If there are any packages or special games the organization requires each patron to purchase, they must be listed on the lines below the identifiable admission information.
- **Member In Charge:** Both copies of the Bingo Price Sheet must be signed and dated by the designated Member In Charge. Keep one copy for the organization's internal records, and attach one of the signed and dated copies to the application for the permit.
- **Amendments:** If any information must be changed after the Bingo Price Sheet has been approved as part of the organization's application, an Application to Amend – Bingo (CGB-5) must be completed and submitted to the Department for consideration of approval. Changes may not be implemented prior to receiving an approved amend form, aside from one exception. Paper colors may be changed on the Bingo Price Sheet without an approved amendment to the permit. All other changes require Department's approval.

INSTRUCTIONS FOR COMPLETION OF THE BINGO PRIZE SHEET

- Complete the Bingo Prize Sheet in duplicate. The name and address of the sponsoring organization must be printed on each page. This information must be listed exactly as it was on the organization's approved bingo registration. Page numbers should be printed in the upper left-hand corner of each page. The Organization I.D. # and type of permit (BA, BB, BM) should be printed in the upper right-hand corner of each page.
- In order to complete the Bingo Prize Sheet, first list each game number to be played. An organization may play a minimum of 15 games or a maximum of 40 games per permitted bingo session. Please bear in mind that a multiple-part Winner-Take-All game (WTA) is considered only **one game**. On the prize sheet, a WTA game is a **one-line** entry, where the winning arrangement must be listed as "Caller's Choice" and the prize must be listed as "TBA". Only two WTA games are allowed per bingo session.
- Print the name of the game in the "Game Description Type" column for all games other than regular bingo games.
- For each game, print the number of faces, the color of the sheet and the type (border, solid, tint, shaded, sealed, pre- printed or striped) to be used in the "Number of Faces per Cards/Sheets and Color" column.
- A winning arrangement must be provided for each game played. Please bear in mind that "To Be Announced" (TBA) is not allowed as an acceptable winning arrangement. "Callers Choice" is acceptable as a winning arrangement **only** for WTA games.
- List the prize amounts for each game while keeping in mind the allowable prize limits for each type of game to be conducted.
 - **Regular game prizes** – Prizes may be up to \$200 each.
 - **Special game prizes** – Prizes may range from \$201 up to \$750 each, provided that the total doesn't exceed \$2,500 on any one day.
 - **Special Grand Prize** – The rollover amount for a Special Grand Prize may not exceed \$500, and the maximum prize that may accumulate for up to sixteen weeks is \$5,000.
 - **Winner-Take-All (WTA) Game Prizes** – Ninety percent (90%) of all receipts from the sale of bingo cards for the WTA game or series of games must be awarded as prizes, and each prize awarded may not exceed \$500 in value.
- If there are different prize schedules based on attendance, the column headings should be listed as in the following example:

Prizes
80 or More
Players

Prizes
79 – 70
Players

Prizes
69 or Less
Players

Instructions for Completion of the Bingo Prize Sheet

- If the last attendance column has an ending number of players instead of the words “or less”, the following statement must appear on the last line of the prize sheet: **Bingo will be cancelled if attendance is ## or less.** Example:

Prizes
80 or More
Players

Prizes
79 – 70
Players

Prizes
69 – 50
Players

Bingo will be cancelled if attendance is 49 or less.

- A maximum of two progressive games are allowed per session. If conducting a progressive game, certain wording is required to be listed on the line(s) below the progressive game information. The name of the winning arrangement and the words “in ?#'s or less wins jackpot, plus game prize” must be listed, along with the special grand prize/rollover amount, as in the following example:

***cover all in ?#'s or less wins jackpot, plus game prize.
*special grand prize/rollover amount \$500.00**

- If your organization intends to conduct a 50/50 game, a maximum payout amount must be listed, as in the following example:

“50/50 max. \$200.00”

- Both copies of the Bingo Prize Sheet must be signed and dated by the designated Member In Charge. Keep one copy for the organization’s internal records, and attach one of the signed and dated copies to the application for the permit.
- If any information must be changed after the Bingo Prize Sheet has been approved as part of the organization’s application, an Application to Amend – Bingo (CGB-5) must be completed and submitted to the Department for consideration of approval. The last original prize sheet that was approved by the Department must be also be submitted with the desired changes noted in either red or blue ink, and it must contain the **original** signature of the member in charge. Winning arrangements and paper colors may be changed on the Bingo Prize Sheet without an approved amendment to the permit. All other changes require Department approval.



Town of Redding
 Police Department
 96 Hill Rd.
 Redding, CT 06896
 Website: www.rpdct.us
 Email: charitablegames@rpdct.us

**APPLICATION FOR REGISTRATION
 AMUSEMENT AND RECREATION BINGO
 FOR PARENT TEACHER ASSOCIATIONS**

INSTRUCTIONS:

1. Print or type. **Attach payment of the \$80.00 registration fee, payable to "Town of Redding Police Department"**
2. The completed application and fee must be mailed to: Town of Redding Police Department 96 Hill Rd Redding, CT 06896
3. An Identification Number will be issued upon approval.

| | |
|--|--|
| TO: Town of Redding Police Department | IDENTIFICATION NUMBER <i>(To be assigned)</i> |
| NAME OF ORGANIZATION | TELEPHONE NUMBER |
| STREET ADDRESS <i>(No. and Street)</i> | <i>(City or Town)</i> <i>(State)</i> <i>(Zip Code)</i> |
| MAILING ADDRESS <i>(Name)</i> | <i>(No. and Street)</i> <i>(City or Town)</i> <i>(State)</i> <i>(Zip Code)</i> |

| LIST OF OFFICERS OF THE SPONSORING ORGANIZATION | | | |
|---|-------|-----------------------------------|-------|
| NAME <i>(Last, First, Middle)</i> | TITLE | NAME <i>(Last, First, Middle)</i> | TITLE |
| 1. | | 4. | |
| 2. | | 5. | |
| 3. | | 6. | |

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 the Connecticut General Statutes and with all Administrative Regulations concerning Recreational Bingo for Parent Teacher Associations.

| |
|--|
| SIGNATURE <i>(Ranking Officer)</i> |
| PRINTED NAME <i>of Ranking Officer</i> |
| DATE <i>(Mo., Day, Yr.)</i> |

OATH

Personally appeared the signer of the foregoing statement and made oath before me to the matter contained herein.

| | | |
|----------------------------------|------------------------|-----------------------------|
| SIGNATURE <i>(Notary Public)</i> | MY COMMISSION EXPIRES: | DATE <i>(Mo., Day, Yr.)</i> |
|----------------------------------|------------------------|-----------------------------|

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 | |
| SIGNATURE <i>(Chief of Police or First Selectman)</i> | DATE <i>(Mo., Day, Yr.)</i> |
| APPLICATION FOR REGISTRATION AMUSEMENT & RECREATION BINGO FOR A PARENT TEACHER ASSOCIATION IS APPROVED | DATE <i>(Mo., Day, Yr.)</i> |

