

**Bristol Police Department - Permits**  
 131 North Main Street Bristol, CT 06010  
 Email: [permits@bristolct.gov](mailto:permits@bristolct.gov)  
 Phone: 860 584 4578  
 Web site: [www.bristolct.gov](http://www.bristolct.gov)



To protect and serve the community  
 with integrity and professionalism

**APPLICATION FOR BINGO  
 REGISTRATION**

CGB-1 RE. 2/17

**INSTRUCTIONS:**

- The completed application must be submitted to the Police Department, which must conduct an investigation and make a recommendation regarding issuance of a registration and an Identification Number.
- The application must be mailed, **along with any attachments**, to:  
 Police Department - Permits 131 North Main Street Bristol, CT 06010,

<b>TO: Bristol Police Permits</b>	<b>IDENTIFICATION NO.</b> (To be assigned by Police Dept)
NAME OF ORGANIZATION	TELEPHONE NUMBER
STREET ADDRESS (No. and Street)	(City or Town) (State) (Zip Code)

**APPLICANT'S PRIMARY ACTIVITY (Check only ONE)**

- |  |   |                                       |  |
|--|---|---------------------------------------|--|
| 1. <input type="checkbox"/> Volunteer Fire Dept. | 3. <input type="checkbox"/> Educational | 5. <input type="checkbox"/> Veterans  | 7. <input type="checkbox"/> Charitable |
| 2. <input type="checkbox"/> Civic                | 4. <input type="checkbox"/> Fraternal   | 6. <input type="checkbox"/> Religious | 8. <input type="checkbox"/> Grange     |

Is the applicant a bonafide nonprofit organization  
 Has it had legal local existence of not less than two years?  
 YES  NO **If yes, attach a copy of the determination letter from the IRS confirming the organization's exempt status.**  
 YES  NO

Under which section of the Tax Exempt Status Code of the IRS is this organization recognized?	What is the sponsoring organization's IRS Employer Identification Number?
Is the organization incorporated? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF INCORPORATION

PRINTED NAME of Ranking Officer	SIGNED (Ranking Officer)	DATE (Mo., Day, Yr.)
ADDRESS (No. and Street)	(City or Town) (State)	(Zip Code)

**OATH**

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

SIGNED (Notary Public)	DATE (Mo., Day, Yr.)	MY COMMISSION EXPIRES:
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**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)	DATE (Mo., Day, Yr.)
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**THIS IS NOT A PERMIT TO CONDUCT BINGO! This registration is approved for issuance pursuant to Sec. 7-169a, C.G.S., as recommended by the Chief of Police/First Selectman as to the applicant's qualifications.**

Application for Registration is approved	DATE (Mo., Day, Yr.)
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