NOTICE AND STATEMENT
OF APPLICANT

Bristol Police Department - Permits
131 North Main Street Bristol, CT
06010 Email: permits@bristolct.gov
Phone: 860 584 4578
Web site: www.bristolct.gov

To protect and serve the community with integrity and professionalism

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***

Print Form

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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:
4. A Personal Identification Number (P.I.N.) will be issued upon approval.

TO: Bristol Police Permits

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 ☐ F ☐

HEIGHT

WEIGHT

Have you **EVER** been convicted of any crime, felony, misdemeanor, disorderly persons offense or other offense other than a traffic violation? YES ☐ NO ☐

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 ☐ NO ☐

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.)*