

TOWN OF NEW MILFORD POLICE DEPARTMENT 49 Poplar Street - New Milford, CT 06776 Tel. (860) 355-3133 Fax (860) 354-2870 www.newmilfordpolice.org

INSTRUCTIONS:

1. Print or type.

2. Submit application to: 49 Poplar Street New Milford, CT 06776 3. An Identification Number will be issued upon approval.

TO: NEW MILFORD POLICE DEPARTMENT							ATION N	UMBER (To be a	assigned)					
NAME OF ORGANIZATION											TELEPHONE	NUMBE	R	
STREET ADDRESS (No. and Street)						(City or Town) (Sta			ite)			(Zip Code)		
MAILING ADDRESS (Name) (No. and Street)						(City or Town)			n)		(State) (Zip Code,			
Does	your organizatio	of age	of age or older?			ES								
INDICATE DAY(S) OF WEEK AND HOURS OF BINGO OPERATION														
1	SUNDAY	From:	am From:pm To:		am pm	5 🗌	THURSDAY Fr		From: _		am pm T	'o:	am pm	
2	MONDAY	From:	am pm	То:	am pm	6 🗌	FR				am pm T	o:	am pm	
3	TUESDAY	From:	am pm	То:	am pm	7 🗆	SA	TURDAY	From: _		am pm T	o:	am pm	
4	WEDNESDAY	From:	am pm	То:	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 hereb all Bingo sessions operated by subject organization under this reg be conducted in compliance with Connecticut General Statutes and Administrative Regulations concerning Amusement and Recreation							SIGNED (Ranking Officer)							
							istration will PRINTED NAME of with all			NAME of Ranking Officer				
OATH														
Personally appeared the signer of the foregoing statement and made oath before me to the matter contained herein.														
SIGNED (Notary Public)							1	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.														r.
SIGNED (Chief of Police or First Selectman)							_	DATE (Mo., Day, Yr.)						_
APPLICATION FOR AMUSEMENT AND RECREATION BINGO REGISTRATION IS APPR										DATE (M	lo., Day, Yr.)			