



# Avon Police Department

## Bingo Permit Application

**Instructions:**

1. Print or type and, if necessary, use additional sheets. Have application notarized.
2. The completed form must be sent or brought to Avon Police Department, Records Unit, 60 W. Main St. Avon CT 06001 **AT LEAST FIFTEEN (15) DAYS PRIOR TO THE EVENT.**

To: Avon Police Department		Permit Number (Assigned by the APD)	
Name of Organization		I.D. Number	
Address of Organization		Date Organized	
Mailing Address		Phone 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

(Designate Member-In-Charge Name with an Asterisk)

Name (Last, First, Middle)	Title	Name (Last, First, Middle)	Title
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 member in good standing for past 6 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 12/31)(Fee:\$75.00) Day of the Week: _____ Time: _____ To: _____	Class B ___ (Max of ten successive days)(Fee: \$5.00 per day) Date: _____ To: _____ Time: _____ To: _____
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Class C ___ (One day each month from issue date to 12/31) (Fee: \$50.00)	
Jan ___/___/___ From: _____ To: _____ Feb ___/___/___ From: _____ To: _____ Mar ___/___/___ From: _____ To: _____ Apr ___/___/___ From: _____ To: _____ May ___/___/___ From: _____ To: _____ Jun ___/___/___ From: _____ To: _____	Jul ___/___/___ From: _____ To: _____ Aug ___/___/___ From: _____ To: _____ Sep ___/___/___ From: _____ To: _____ Oct ___/___/___ From: _____ To: _____ Nov ___/___/___ From: _____ To: _____ Dec ___/___/___ From: _____ To: _____

Address Where Bingo Will Be Played	Maximum seating capacity according to Law:
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Who Owns These Premises?	Renting/Leasing? Yes: _____ No: _____	For Office Use Only
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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 (Month, Day, Year)	

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 (Month, Day, Year)	

Application for Bingo is approved	Date (Month, Day, Year)
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