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 06011 AT LEAST FIFTEEN (15) DAYS PRIOR TO THE EVENT.

<table>
<thead>
<tr>
<th>To: Avon Police Department</th>
<th>Permit Number (Assigned by the APD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Organization</td>
<td>I.D. Number</td>
</tr>
<tr>
<td>Address of Organization</td>
<td>Date Organized</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>Phone Number</td>
</tr>
</tbody>
</table>

Officers of the Organization

<table>
<thead>
<tr>
<th>Name (Last, First, Middle)</th>
<th>Title</th>
<th>Name (Last, First, Middle)</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>3.</td>
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<td>2.</td>
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<td>4.</td>
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</tbody>
</table>

Organization Members who are Holders of Personal Identification Numbers

<table>
<thead>
<tr>
<th>Name (Last, First, Middle)</th>
<th>Title</th>
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<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>6.</td>
<td></td>
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<tr>
<td>3.</td>
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<td>7.</td>
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<tr>
<td>4.</td>
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<td>8.</td>
<td></td>
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</tbody>
</table>

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: ________

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:

Who Owns These Premises?

Renting/Leasing?
Yes:_____ No:___

For Office Use Only
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

ADM #157 (1/16/18)