Ansonia Police Department 2 Elm Street Ansonia, CT 06401

APPLICATION FOR REGISTRATION AMUSEMENT &

IS APPROVED

RECREATION BINGO FOR A PARENT TEACHER ASSOCIATION

APPLICATION FOR REGISTRATION AMUSEMENT AND RECREATION BINGO FOR PARENT TEACHER ASSOCIATIONS

1. Print or type. Attach payment of 2. The completed application and fed 3. An Identification Number will be is	e must be mailed to:	n fee, pay	yable to " (City of An	sonia "		
			IDENTIFICATION NUMBER (To be assigned)				
TO:							
NAME OF ORGANIZATION		_			TELEPHONE NUMBER		
STREET ADDRESS (No. and Street)		(City or Town) (State)		(State)	(Zip Code)		
MAILING ADDRESS (Name)	(No. and Street)	(City or Town))	(State)	(Zip Code)	
LIST	OF OFFICERS OF THE S	PONSOR	ING ORGANIZ	ZATION	20		
NAME (Last, First, Middle)	TITLE	NAME (Last, First, Middle)			TITLE		
1.		4.					
2.		5.					
3.		6.	6.				
I, the undersigned ranking officer of subject organization, do here that all Bingo sessions operated by subject organization underegistration will be conducted in compliance with the Connecticut Statutes and with all Administrative Regulations concerning Recrebingo for Parent Teacher Associations.			PRINTED NAME of Ranking Officer				
OATH							
Personally appeared the signer of th	e foregoing statement a	and made	oath before n	ne to the m	atter contair	ned herein.	
SIGNED (Notary Public)			MY COMMISSI	MY COMMISSION EXPIRES:		DATE (Mo., Day, Yr.)	
ATTEST							
To the best of my knowledge ar True and correct and subject or Number. Not true or correct and subject COMMENTS	rganization qualifies for	and SHO	ULD be issue	ed a registr	ation and ar		
SIGNED (Chief of Police or First Selectman)			DATE (Mo., Da	ay, Yr.)			

DATE (Mo., Day, Yr.)