INSTRUCTIONS:

1. Print or type. **Attach payment of the $25.00 registration fee, payable to City of Shelton**

2. The completed application and fee must be mailed to: Shelton Police Department 85 Wheeler St, Shelton, CT 06484
Att: Ofc Giordano

3. An Identification Number will be issued upon approval.

TO: | IDENTIFICATION NUMBER *(To be assigned)*

NAME OF ORGANIZATION | **TELEPHONE NUMBER**

STREET ADDRESS *(No. and Street)* | *(City or Town)* | *(State)* | *(Zip Code)*

MAILING ADDRESS *(Name)* | *(No. and Street)* | *(City or Town)* | *(State)* | *(Zip Code)*

LIST OF OFFICERS OF THE SPONSORING ORGANIZATION

NAME *(Last, First, Middle)*	TITLE	NAME *(Last, First, Middle)*	TITLE
1.		4.	
2.		5.	
3.		6.	

I, the undersigned ranking officer of subject organization, do hereby state that all Bingo sessions operated by subject organization under this registration will be conducted in compliance with the Connecticut General Statutes and with all Administrative Regulations concerning Recreational Bingo for Parent Teacher Associations.

SIGNED *(Ranking Officer)*

PRINTED NAME of *Ranking Officer*

DATE *(Mo., Day, Yr.)*

OATH

Personally appeared the signer of the foregoing statement and made oath before me to the matter contained herein.

SIGNED *(Notary Public)* | 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.

COMMENTS

SIGNED *(Chief of Police or First Selectman)* | DATE *(Mo., Day, Yr.)*

APPLICATION FOR REGISTRATION AMUSEMENT & RECREATION BINGO FOR A PARENT TEACHER ASSOCIATION IS APPROVED | DATE *(Mo., Day, Yr.)*