

Meriden Police Department

50 West Main St Meriden, CT 06451 203-238-1911



APPLICATION FOR REGISTRATION AMUSEMENT AND RECREATION BINGO FOR PARENT TEACHER ASSOCIATIONS

INSTRUCTIONS:

- 1. Print or type. Attach payment of the \$+).00 registration fee, payable to "7]hmcZAYf]XYb"
- 2. The completed application and fee must be mailed to: Meriden Police Department Records, 50 West Main St., Meriden CT 06451
- 3. An Identification Number will be issued upon approval.

RECREATION BINGO FOR A PARENT TEACHER ASSOCIATION

IS APPROVED

	IDENTIFICATION NUMBER (To be assigned)						
TO:							
NAME OF ORGANIZATION					TELEPHONE N		
		(O :4	T				
STREET ADDRESS (No. and Street)		(City or Town) (State		n) (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.					
5.		0.					
SIGNED (Ranking Officer)							
I, the undersigned ranking officer of subject organization, do hereby state that all Bingo sessions operated by subject organization under this PRINTED NAME of <i>Ranking Officer</i>							
registration will be conducted in compliance with the Connecticut G							
Statutes and with all Administrative Regulations concerning Recre				TE (Mo., Day, Yr.)			
Bingo for Parent Teacher Associations.			DA	(IE (MO., Day, II.)			
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., D	ay, Yr.)		
APPLICATION FOR REGISTRATION AMUSEM	ENT & DATE (M	o., Day, Yr.)		I			