

TOWN OF STAFFORD  
 OFFICE OF FIRST SELECTMAN  
 1 Main Street  
 Stafford Springs, CT 06076  
 Email: staffordtownhall@staffordct.org  
 Website: www.staffordct.org



**APPLICATION FOR REGISTRATION  
 AMUSEMENT AND RECREATION BINGO  
 FOR PARENT TEACHER ASSOCIATIONS**

**INSTRUCTIONS:**

1. Print or type. **Attach payment of the \$75.00 registration fee, payable to "Town of Stafford"**
2. The completed application and fee must be mailed to:
3. An Identification Number will be issued upon approval.

<b>TO:</b>	IDENTIFICATION NUMBER <i>(To be assigned)</i>		
NAME OF ORGANIZATION		TELEPHONE NUMBER	
STREET ADDRESS <i>(No. and Street)</i>		(City or Town)	(State) (Zip Code)
MAILING ADDRESS <i>(Name)</i>	(No. and Street)	(City or Town)	(State) (Zip Code)

**LIST OF OFFICERS OF THE SPONSORING ORGANIZATION**

NAME <i>(Last, First, Middle)</i>	TITLE	NAME <i>(Last, First, Middle)</i>	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 <i>(Ranking Officer)</i>
PRINTED NAME <i>of Ranking Officer</i>
DATE <i>(Mo., Day, Yr.)</i>

**OATH**

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

SIGNED <i>(Notary Public)</i>	MY COMMISSION EXPIRES:	DATE <i>(Mo., Day, Yr.)</i>
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**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 <i>(First Selectman)</i>	DATE <i>(Mo., Day, Yr.)</i>
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APPLICATION FOR REGISTRATION AMUSEMENT & RECREATION BINGO FOR A PARENT TEACHER ASSOCIATION IS APPROVED	DATE <i>(Mo., Day, Yr.)</i>
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