

**NOTICE OF ISSUANCE OF:
RAFFLE AND / OR BAZAAR LICENSE
CITY OR TOWN**

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FOR MASSACHUSETTS STATE LOTTERY COMMISSION USE ONLY

IDENTIFICATION NUMBER	DATE RECEIVED

Name of Authorized Organization _____

Address (Street) _____ City/Town _____ ZIP CODE _____

FORM IS TO BE RETURNED TO:
CHARITABLE GAMING DEPARTMENT
Massachusetts State Lottery
P.O. Box 859012
BRAintree, MA 02185-9012

FOR CITY / TOWN USE ONLY

Date of Issue: _____

City / Town Official _____

Title _____

OFFICIAL SEAL:

Date Organized _____

Corporation Unincorporated Association

Religious Organization Veterans Organization (non-profit) Educational Organization Civic Organization

Charitable Organization Volunteer Fire Company Fraternal Organization Other

FOR M.S.L.C. USE ONLY

TAX FORM SENT

BY: _____

DATE: _____

INV. ASSIGNED: _____

Assigned By _____ Date _____

AUTHORIZED OFFICER OF ORGANIZATION SIGN BELOW

Signature of Officer _____ Date _____

Title _____

TELEPHONE NUMBERS

AREA	HOME PHONE

DATE OF OCCASION _____

AREA	BUSINESS TEL NO

NUMBER OF OCCASIONS NEXT TWELVE (12) MONTHS _____