

**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

FOR CITY / TOWN USE ONLY

Name of Authorized Organization

Address (Street)

City/Town

ZIP CODE

Date of Issue: _____

City / Town Official

Title

FORM IS TO BE RETURNED TO:

CHARITABLE GAMING DEPARTMENT
Massachusetts State Lottery
P.O. Box 859012
BRAINTREE, MA 02185-9012

OFFICIAL
SEAL:

RBL
25M-7-83

PRINT IN INK, OR TYPEWRITE

COMPLETE AND SIGN THE REVERSE SIDE

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

NUMBER OF OCCASIONS
NEST TWELVE (12) MONTHS

AREA	HOME PHONE