

**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

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FOR CITY / TOWN USE ONLY

Date of Issue: _____

City / Town Official

Title

OFFICIAL
SEAL:

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

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

AREA		HOME PHONE			

NUMBER OF OCCASIONS
NEXT TWELVE (12) MONTHS