

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

FOR MASSACHUSETTS STATE LOTTERY COMMISSION USE ONLY

IDENTIFICATION NUMBER	DATE RECEIVED

Name of Authorized Organization: _____

Address (Street) _____

City/Town _____

ZIP Code: _____

FOR CITY / TOWN USE ONLY

Date of Issue: _____

City/Town Official _____

Title _____

OFFICIAL SEAL: _____

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

AUTHORIZED OFFICER OF ORGANIZATION SIGN BELOW

0 TAXFORM SENT _____

Signature Of Officer _____ Date _____

BY: _____

Title _____

DATE: _____

TELEPHONE NUMBERS
AREA _____ HOME PHONE _____

INV. ASSIGNED: _____

DATE OF OCCASION _____

AREA _____ BUSINESS TEL NO _____

Assigned By _____ Date _____

NUMBER OF OCCASIONS NEXT TWELVE (12) MONTHS _____