

**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