

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

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FOR MASSACHUSETTS STATE LOTTERY COMMISSION USE ONLY													
<table border="1"> <tr> <th colspan="6">IDENTIFICATION NUMBER</th> </tr> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> </tr> </table>	IDENTIFICATION NUMBER												DATE RECEIVED _____
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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: _____	

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	
<input type="checkbox"/> TAX FORM SENT	
BY: _____	_____
DATE: _____	_____
INV. ASSIGNED: _____	_____
Assigned By _____	Date _____

AUTHORIZED OFFICER OF ORGANIZATION SIGN BELOW									
Signature of Officer _____	Date _____								
Title _____	_____								
DATE OF OCCASION _____	_____								
NUMBER OF OCCASIONS NEST TWELVE (12) MONTHS _____	_____								
TELEPHONE NUMBERS	<table border="1"> <tr> <th>AREA</th> <th>HOME PHONE</th> </tr> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> </tr> </table>	AREA	HOME PHONE						
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