

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

1 2 8

FOR MASSACHUSETTS STATE LOTTERY COMMISSION USE ONLY

IDENTIFICATION NUMBER	DATE RECEIVED

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

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	BUSINESS TEL NO

NUMBER OF OCCASIONS NEXT TWELVE (12) MONTHS \_\_\_\_\_