NOTICE OF ISSUANCE OF:
RAFFLE AND/OR BAZAAR LICENSE

CITY OR TOWN .....

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:

BEANO DEPARTMENT
Massachusetts State Lottery
P.O. Box 800
BRAINTREE, MA. 02184

FOR CITY/TOWN USE ONLY

Date of Issue: _____

City/Town Official

Title

OFFICIAL SEAL:

RBL-1/78 PRINT IN INK, OR TYPEWRITE

50M-6-78-142523

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 .....