

**NOTICE OF ISSUANCE OF:  
RAFFLE AND /OR BAZAAR LICENSE  
CITY OR TOWN BOLTON, MA**

FOR MASSACHUSETTS STATE LOTTERY COMMISSION USE ONLY

IDENTIFICATION NUMBER | DATE RECEIVED

| | | | | | | | | |

Name of Authorized Organization: \_\_\_\_\_

Address (Street) \_\_\_\_\_ City/Town \_\_\_\_\_

ZIP Code: \_\_\_\_\_

**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 PRINT IN INK, OR TYPEWRITE COMPLETE AND SIGN THE REVERSE SIDE  
25M-7-83

| Date Organized          | Corporation                        | Unincorporated Association |
|-------------------------|------------------------------------|----------------------------|
| Religious Organization  | Veterans Organization (non-profit) | Educational Organization   |
| Charitable Organization | Volunteer Fire Company             | Civic Organization         |
|                         |                                    | Fraternal Organization     |
|                         |                                    | Other                      |

FOR M.S.L.C. USE ONLY AUTHORIZED OFFICER OF ORGANIZATION SIGN BELOW

TAX FORM SENT

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

INV. ASSIGNED: \_\_\_\_\_

Assigned By \_\_\_\_\_ Date \_\_\_\_\_

Signature Of Officer ..... Date .....

Title .....

TELEPHONE NUMBERS

AREA HOME PHONE

DATE OF OCCASION.....

AREA BUSINESS TEL NO

NUMBER OF OCCASIONS NEXT TWELVE (12) MONTHS .....

| | | | | | | | | |

| | | | | | | | | |