



Service Nova Scotia  
Alcohol and Gaming Division

780 Windmill Road  
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P.O. Box 545  
Dartmouth, N.S. B2Y 3Y8  
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OR

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|                        |  |
|------------------------|--|
| <b>OFFICE USE ONLY</b> |  |
| License No. _____      |  |
| Approved By: _____     |  |
| Date: _____            |  |

**APPLICATION FOR MANOR BINGO PERMIT**  
(All Sections Must Be Completed Before Application Will Be Processed)

|  |        |             |                                   |
|--|--------|-------------|-----------------------------------|
| Name of Organization   |        |             | Telephone Number                  |
| Address (No., Street, P.O. Box)                                |        |             | Public Place of Amusement License |
| City/Town  | County | Postal Code | Number _____                      |
| Premises in Which Event Is To Be Held                          |        |             | Seating Capacity _____            |
| Address  |        |             |                                   |
| Please Describe Activities and Background of Your Organization |        |             |                                   |
|  |        |             |                                   |
|  |        |             |                                   |
| Identify Purpose of Fund Raising                               |        |             |                                   |
|  |        |             |                                   |

BINGO SINGLE    BINGO SERIES      START DATE \_\_\_\_\_      FINISH DATE \_\_\_\_\_

DAILY    WEEKLY    MONTHLY      TOTAL VALUE OF PRIZES TO BE AWARDED DAILY \$ \_\_\_\_\_

**DAYS OF OPERATION:**

**HOURS OF OPERATION:**

|                                    |       |
|------------------------------------|-------|
| <input type="checkbox"/> Sunday    | _____ |
| <input type="checkbox"/> Monday    | _____ |
| <input type="checkbox"/> Tuesday   | _____ |
| <input type="checkbox"/> Wednesday | _____ |
| <input type="checkbox"/> Thursday  | _____ |
| <input type="checkbox"/> Friday    | _____ |
| <input type="checkbox"/> Saturday  | _____ |

**BINGO PREMISES:**     Owned                       Rented                       Leased                       Donated

**WAGES, SALARY AND OTHER MONETARY CONSIDERATION:**

|                              |                             |               |             |
|------------------------------|-----------------------------|---------------|-------------|
| Number of Office Staff _____ | Total Wages Per Night _____ | Callers _____ | Total _____ |
| Number of Checkers _____     | Total Wages Per Night _____ | Others _____  | Total _____ |

| OFFICERS OF THE ORGANIZATION |                  |                |                  |
|------------------------------|------------------|----------------|------------------|
| BINGO CHAIRMAN               | HOME TELEPHONE # | NAME AND TITLE | HOME TELEPHONE # |
| ADDRESS                      | WORK TELEPHONE # | ADDRESS        | WORK TELEPHONE # |
| CITY/TOWN                    | POSTAL CODE      | CITY/TOWN      | POSTAL CODE      |

**NOTE:** The above application is made with due knowledge of the terms and conditions of the Nova Scotia Gaming Control Act and Regulations. I will comply with all terms and conditions of any permit granted.

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_ **TITLE** \_\_\_\_\_