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LOW REVENUE CHARITABLE BINGO SERIES APPLICATION

Name of organization: _____

Address of charitable organization: _____

Street Name/P.O. Box

Town/City

Province

Postal Code

Organization's Telephone Number: _____ Fax Number: _____

Charitable purpose(s) of fundraising:

Name and address of individual who will be present and responsible at the bingo event:

Postal Code

Email Address: _____ Phone Number: _____

Premises in which bingo will be held _____

Bingo Supplier: _____

Start Date: _____ End Date: _____ Day/Hours _____

Place of Amusement License # issued for the premises _____

*A copy of the bingo game structure showing type of games including prize values must be included.

I _____ Solemnly Declare:

(Please Print)

1. I am authorized by the named charitable organization to make this application for a Bingo Permit and attached bingo format.
2. I am 19 or more years of age, and the information contained in this application is, to the best of my knowledge, true and accurate.
3. I assume full responsibility to ensure that the bingo event is operated in accordance with the Gaming Control Act and the Bingo Regulations.
4. Prizes awarded under authority of this license will not exceed \$30,000.00 during a 52 week period.
5. The premises in which bingo will be held is deemed a charitable facility.

Date

Signature