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## LOW REVENUE CHARITABLE BINGO SINGLE 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 \_\_\_\_\_

Name of Registered Bingo Paper Supplier: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Day and Hours of Bingo: \_\_\_\_\_

\*A copy of the bingo game structure showing type of game 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 \$2500.00 in value for this event.
5. The premises in which bingo will be held is not a commercial premises.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Rev: March 2015