



Service Nova Scotia
Alcohol, Gaming, Fuel and Tobacco

780 Windmill Road
2nd Floor
P.O. Box 545
Dartmouth, N.S. B2Y 3Y8
Tel: (902) 424-6160
Fax: (902) 424-4942

OR

1030 Upper Prince St.
Suite 1
Sydney, N.S. B1P 5P5
Tel: (902) 563-3494
Fax: (902) 563-3430

agdlicense@gov.ns.ca

OFFICE USE ONLY	
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:**

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

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** _____