

In keeping with the privacy provisions of the *Nova Scotia Freedom of Information & Protection of Privacy Act*, Alcohol and Gaming will only use personal information for the purpose for which the information was obtained or compiled, or for a use compatible with that purpose.



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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