



Service Nova Scotia and Municipal Relations
Alcohol and Gaming Division

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

OR

235 Townsend Street
Sydney, N.S. B1P 5E7
Tel: (902) 563-3494
Fax: (902) 563-3430

Fax: (902) 424-4942 N.S. Toll Free: 1-877-565-0556 agdllicense@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:

<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** _____