



780 Windmill Road, 2nd Floor  
 PO Box 545, Dartmouth, N.S.  
 B2Y 3Y8  
 Tel (902) 424-6160  
 NS Toll Free 1-877-565-0556

Or  
 1030 Upper Prince St.  
 Suite 1  
 Sydney, N.S. B1P 5P5  
 Tel (902) 563-3495

Service Nova Scotia  
 Alcohol, Gaming, Fuel and Tobacco

Email: AGDLicense@novascotia.ca

**APPLICATION FOR MANOR BINGO PERMIT**  
 (All Sections Must Be Completed Before Application Will Be Processed)

|   |                         |
|---|-------------------------|
| <b>Name of Organization</b>   | <b>Telephone Number</b> |
| <b>Address (No., Street, P.O. Box)</b>                                |                         |
| <b>City/Town</b>  | <b>Postal Code</b>      |
| <b>Name of Premises Where Events Will be held</b>                     |                         |
| <b>Address</b>  |                         |
| <b>Please Describe Activities and Background of Your Organization</b> |                         |
|   |                         |
| <b>Identify Purpose of Fund Raising</b>                               |                         |
|   |                         |

**BINGO SERIES**      **START DATE** \_\_\_\_\_      **END DATE** \_\_\_\_\_

**DAILY**     **WEEKLY**     **MONTHLY**    **TOTAL VALUE OF PRIZES TO BE AWARDED DAILY \$** \_\_\_\_\_

**DAYS OF OPERATION:**

**Sunday**   

**Monday**   

**Tuesday**   

**Wednesday**   

**Thursday**   

**Friday**   

**Saturday**   

**HOURS OF OPERATION:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

| <b>OFFICERS OF THE ORGANIZATION</b> |                  |                |                  |
|-------------------------------------|------------------|----------------|------------------|
| NAME AND TITLE                      | 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** \_\_\_\_\_

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_ **TITLE** \_\_\_\_\_