



Service Nova Scotia
Alcohol, Gaming, Fuel and Tobacco

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BREAKOPEN TICKET REPORT

License # _____

1.	Name of Bingo Organization:			
2.	Name of Hall Where Breakopen Tickets Were Sold:			
3.	Hall Location:	Number	Street	City/Town
4.	This report is for the 12 (twelve) month period: from _____ to _____ Month/Day/Year Month/Day/Year			
5.	Number of Breakopen Ticket Units sold during the reporting period:			
6.	Total Revenue from Breakopen Ticket Sales:			
7.	Total Prize Pay-Out:			
8.	Fee Amount (calculated at the rate of 2.13% of the total prize pay-out amount) 2.13% x _____ = _____			
9.	Total Expenses:			
10.	Net Profit:			
11.	This report has been prepared by:			
	Name:	_____ (Please Print)		
	Address:	_____		
	Tel. # :	(Home) _____	(Work)	_____
	Signature:	_____		Date: _____