

## **Raffle Lottery Addendum Request**

Licence number:	Organization code:	
Organization name:		
Mailing address:		
City/Town:	Postal Code:	
Answer the following questions:		

Have you started selling tickets?	Yes	No

Have you started advertising?	Yes	No
-------------------------------	-----	----

Raffle Information:

List changes and why:	Office use

Contact person:			
·	(Print name)	(Signature)	(Date)
Residence telephone:		Business telephone:	
To avoid delay, ensure this form is fully completed. Allow a minimum of ten (10) working days for processing.			

Mail request and processing fee to: Saskatchewan Liquor and Gaming Authority P. O. Box 5054, 12<sup>th</sup> floor – 2500 Victoria Avenue Regina SK S4P 3M3 Fax: (306) 787-8981

SLGA will retain the personal information on this form only as long as it is necessary to fulfill the purposes for which it was collected and in accordance with approved mandatory retention policies and schedules established with cooperation of the Saskatchewan Archives Board under The Saskatchewan Archives Act.

For office use only			
Date:			
Officer:	Entered:		