



**Application for Bi-Annual Special Bingo License
Senior Citizen Club or Association**

Name of applying organization _____

Street address of headquarters _____

Mailing Address (if different) _____

Address of place where bingo will be played _____

Officers of the Organization:

Name	Title	Street Address	City, State & Zip
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify that all statements in the foregoing application are true.

Signature of Officer and Title

Issued by Order of the Council of the Township of Hamilton

Signature of Municipal Clerk

Effective Date _____

Expiration Date _____