



Indigenous Gaming Regulators

BREAKOPEN LOTTERY ADDENDUM REQUEST

Licence Number: _____ Expiry Date: _____

Organizational Name: _____

_____ *Mailing address*

_____ *P.O. Box or Street Address*

<i>First Nation, City or Town</i>	<i>Province</i>	<i>Postal Code</i>
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Additional locations requested (including complete address)	Office use
Cancelled locations (including complete address)	

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 or fax request to: **Licensing Department**
Indigenous Gaming Regulators Inc.
Suite 400-203 Packham Avenue
Saskatoon, SK S7N 4K5
Fax: (306) 477-4449

For office use only		
Date:		
Officer:		