Saskatchewan
Liquor and Gaming
Authority

Breakopen Lottery Addendum Request

Licence number:	Organization Code:	Expiry date:
Legal name of organization:		
Mailing address:		
City/Town:	Postal Code	

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.

Mail request to: Saskatchewan Liquor and Gaming Authority
P.O. Box 5054, 12th 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:	