



**SUBMIT TO: 4900 ALAMEDA BOULEVARD NE
ALBUQUERQUE, NM 87113-1736
FAX: 505-841-9720
GCB-BINGO@state.nm.us**

REQUEST FOR VARIANCE OF BINGO AND RAFFLE POLICY STATEMENT/RULES SECTION

Date: _____

Licensee Name: _____

Licensee Number: _____

Address: _____

Licensee Contact: _____

Business Phone: (_____) _____ Other Phone: (_____) _____

Specify section of the BINGO POLICY STATEMENT or Bingo and Raffle Rules you are referencing:

Bingo Policy Statement Section: _____

Bingo and Raffle Rules Section: _____

Reason for request:

Request Approval _____

Request Denied _____

If the above request is approved, it is restricted to the particular Bingo and Raffle licensee and only for the particular situation submitted.

If the above request is denied, the Bingo and Raffle licensee will continue to adhere to requirements set forth in the Bingo and Raffle Policy and Bingo and Raffle Administrative Rules.

Executive Director

Date