

Bingo

Lottery Licence Application



Office use only	Organization RSN _____
	Property RSN _____
	Folder RSN _____
	Entered _____ Org. New _____

Applicant

Organization Name: _____

Mailing Address: _____

City/Town: _____

Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Applicant Information

1) Has your organization previously held a lottery licence? Yes No
 If Yes, what was the last licence number? _____

2) Is your organization a registered charity with the Canada Customs and Revenue Agency? Yes No
 If Yes, what is the registration number? _____

3) Is your organization incorporated as a non-profit organization? Yes No
 If Yes, what is the incorporation number? _____

4) Approximately how many members are in your organization? _____

Proposed Use of Proceeds

Provide details as to how proceeds will be used: (Attach a separate sheet if necessary.)

Bingo Event(s) Location

Name of the premises: _____ The premises is owned by: _____

Street Address: _____

City/Town: _____

Province: _____

Rent: \$ _____ per _____

Is the premises a licenced liquor outlet? Yes No
 If Yes, what category of liquor licence? _____

To Be Signed by Two Principal Officers of the Organization

We certify that all information and documents supplied are correct and the organization has authorized us to make this application.

Name: _____ Position: _____ Address: _____ _____ City/Town: _____ Province: _____ Postal Code: _____ Phone (W): _____ Phone (H): _____ Signature: _____ Date: _____	Name: _____ Position: _____ Address: _____ _____ City/Town: _____ Province: _____ Postal Code: _____ Phone (W): _____ Phone (H): _____ Signature: _____ Date: _____
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Event(s) Date(s)

- 1) A single event to be held on _____
- 2) A series of events to be held during the period _____ to _____ for a total of _____ events.
- 3) Day(s) of operation: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
- Give details if more than 2 days are selected. _____

Event Information

Bingo

Will you be participating in Linked/Satellite Bingo? Yes No

Is this a Media Bingo (i.e. TV or Radio)?? Yes No

If Yes, will a commercial agent be used to sell cards? Yes No

Prizes

Total value of Bingo prizes per event.
(Cash and/ or retail value of all merchandise - donated or otherwise) \$ _____

Will any prizes or portion of the prizes be donated? Yes No

Other Games in Conjunction with Bingo

Ticket Wheels/Spins Yes

Ticket Draws/Raffles Yes

Non-Escalating 50/50 Ticket Draws Yes

Escalating 50/50 Ticket Draws (7-10 Ball) Yes

Pot of Gold/Cookie Jar Yes

Giveaways Yes

Other Games _____

Lotteries Trust Account Information

Name of Bank or Financial Institution:

Address: _____

City/Town: _____

Province: _____

Type of Account: _____

Event(s) Chair/Manager

Name of the person responsible for the event(s):

Phone (W): _____ Phone (H): _____

Gaming Supplier(s)

Name of gaming supplier(s):

Licence

If you would like to pick up your licence please check the appropriate location, otherwise the licence will be mailed to your organization's mailing address.

Government Service Centres:	St. John's 729-2660	Clareville 466-4085	Gander 256-1019	Corner Brook 637-2445
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Reminder

- If you are a sports or recreation organization valid certification is required before approval of your application.
- Has the application been signed by two principal officers of your organization?
- Any changes or amendments to the licence shall be requested in writing.
- A licence is not transferable.
- Please read the General Rules and the rules for Bingo lottery before submitting your application.
- Please allow two weeks for the processing of your application.