

# Bingo/Breakopen 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/Breakopen Event(s) Location**

Name of the premises: \_\_\_\_\_ The premises is owned by: \_\_\_\_\_  
 \_\_\_\_\_

Street Address: \_\_\_\_\_  
 \_\_\_\_\_

City/Town: \_\_\_\_\_ Rent: \$ \_\_\_\_\_ per \_\_\_\_\_

Province: \_\_\_\_\_ 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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