

# Games of Chance 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.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Games of Chance Event(s) Location**

Name of the premises: \_\_\_\_\_ The premises is owned by: \_\_\_\_\_  
 \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Rent: \$ \_\_\_\_\_ per \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Is the premises a licenced liquor outlet? Yes No  
 Province: \_\_\_\_\_ 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.

## Event Information

### Wheel of Fortune

Number of Wheels  
per event

Ticket Wheel (cash or merchandise) \_\_\_\_\_

Crown and Anchor \_\_\_\_\_

Over and Under \_\_\_\_\_

Other Wheels (please describe below)  
\_\_\_\_\_  
\_\_\_\_\_

### Instant Win Merchandise Game

Ticket Price	Number of Tickets In a Game	Number of Games per event
\$ _____	_____	_____
\$ _____	_____	_____

### Other Games of Chance

Name of Game	Number of Games per event
_____	_____
_____	_____
_____	_____
_____	_____

### Card Game (Select the type of card game):

(Total card game prize value per event cannot exceed \$500)

Auction 120	Yes
Crib	Yes
Five Hundreds	Yes
Forty-Fives	Yes
Poker	Yes

Will the combined prize payout for your card game, including ticket wheels, other wheels, raffles, and other games of chance exceed \$500?

Yes No

### Ticket Raffle

(Prize value per raffle cannot exceed \$500)

Yes No

## 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	Clarenville 466-4085	Gander 256-1019	Corner Brook 637-2445
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## Reminder

Please allow two weeks for the processing of your application.

Please read the General Rules and the rules for Games of Chance lottery before submitting your application.

A licence will not be issued for a Games of Chance event where the location of the event will be a commercial bar or tavern.