



Ticket 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.)

Draw Location

Location of Draw(s): _____

Address: _____

City/Town: _____ Province: _____

Reminder

Have you attached a sample copy of your ticket?
 Please allow two weeks for the processing of your application.
 Please read the General Rules and the rules for Ticket lottery before submitting your application.
 Draw date(s) can only be changed on written approval of the division.
 Extensions will not be granted after ticket sales have commenced.
 Has the application been signed by two principal officers of your organization?
 The total value of tickets sold for any one event shall not exceed twelve times the total retail value of the prizes.

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.

<p>Name: _____</p> <p>Position: _____</p> <p>Address: _____</p> <p>_____</p> <p>City/Town: _____</p> <p>Province: _____ Postal Code: _____</p> <p>Phone (W): _____ Phone (H): _____</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>Name: _____</p> <p>Position: _____</p> <p>Address: _____</p> <p>_____</p> <p>City/Town: _____</p> <p>Province: _____ Postal Code: _____</p> <p>Phone (W): _____ Phone (H): _____</p> <p>Signature: _____</p> <p>Date: _____</p>
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Ticket Lottery Licence Application

Event(s) Date(s)

- 1) A single ticket event with prize(s) drawn on _____
- 2) A single ticket event with prizes drawn during the period _____ to _____
for a total of _____ draws. Give details of when prizes will be drawn _____ (Eg: weekly/monthly).
- 3) A series of ticket events during the period _____ to _____ for a total of _____
events. (Maximum prize payout per event cannot exceed \$500.)
- 4) A series of 50/50 ticket events during the period _____ to _____ for a total of _____
events. (Ticket sales can only take place on the day of the draw. If potential prize payout per event is \$500 or less complete 3 above. If this is a single event complete 1 above.)

Event Information

Tickets	Prize(s)
Total number of tickets to be printed during the licence period (Include discounted tickets): _____	Total retail value of prize(s) to be awarded during the licence period (In the case of a 50/50 draw, state the maximum prize payout during the licence period) \$ _____
What will be the maximum selling price of one ticket? \$ _____ (If Pay What You Pull, attach details, include average price and range)	Provide a description of the prize(s): (Attach a separate sheet, if necessary) _____
Will tickets be sold at a discount? Yes No (Eg: \$2 each or 3 for \$5)	_____
If Yes, what will be the discount price(s)? \$ _____	_____
Will a commercial agent be used to sell tickets? Yes No	Will there be an early bird draw? Yes No
If Yes, state the name and address: _____	If Yes, what will be the draw date and the cut off date for sales? (Cut off Date must be a minimum of 14 days before the Draw Date)
_____	Draw Date: _____
Will the event be conducted in conjunction with another province? Yes No	Cut off Date: _____
Will ticket sales only take place on the day of the draw? Yes No	Will any prizes or portion of the prizes be donated? Yes No
	Will the ticket draw be one of the following?
	50/50 Calendar Draw Pay What you Pull/Scratch

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)/Printer Name

What is the name of your gaming supplier(s)/printer name?

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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