Bingo/Breakopen

Lottery Licence Application



Service NL

Office use only

Organization RSN	
Property RSN	
Folder RSN	
Entered	

Please allow two weeks for the processing of your application.

Applicant	Applicant Information					
Organization Name:	Has your organization previously held a lottery? Yes No					
Mailing Address:	If Yes, what was the last licence number?					
	2) Is your organization a registered charity with the Charities Directorate? Yes No					
City/Town:	If Yes, what is the registration number?					
Province: Postal Code:	2)					
Phone: Fax:	3) Is your organization incorporated as a non-profit organization? Yes No					
Email:	If Yes, what is the incorporation number?					
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/operator of the premises:	Province:					
	Rent: \$ per					
Street Address:						
	Is the premises a licenced liquor outlet? Yes No					
City/Town:						
To be signed by two Principal Officers of the Orga	nization					
We certify that all information and documents supplied are correct and the organization has authorized us to make this application.						
Name:	Name					
Position:	Name:Position:					
Address:	Address:					
City/Town:	City/Town:					
Province: Postal Code:	Province: Postal Code:					
Phone (W): Phone (H):	Phone (W): Phone (H):					
Email:	Email:					
Signature:	Signature:					
Date:	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	Other Games in Co	onjunction with	Bingo			
Is this a Media Bingo (i.e TV or Radio)? Yes No	Ticket Wheels/Spins	s		Yes		
If Yes, will a commercial agent be used to sell cards? Yes No	Ticket Draws/Raffle	es		Yes		
Prizes	Non-Escalating 50/5	50 Ticket Draws		Yes		
Total value of Bingo prizes per event.	Escalating 50/50 Tid	cket Draws (7-10	Ball)	Yes		
(Cash and/or Merchandise – retail value) \$ Will any prizes or portion of the prizes payout be donated?	Pot of Gold/Cookie	Jar		Yes		
Yes No	Giveaways			Yes		
Breakopen Ticket	Escalating Jackpot	(\$7500 max)		Yes		
How many boxes of Breakopen Tickets does	Other Games					
your organization expect to sell during the licence period?						
Lotteries Trust Account Information	Event(s) Chai	ir/Manager				
Lotterios Tract Account information	Person responsible for the event(s):					
Name of Bank of Financial Institution:						
	Phone (W):		Phone(H)	 		
Type of account: Gaming Supplier(s)						
	Name of Gaming Supplier:					
Licence						
Places indicate method of receiving your licenses	Fav Fr		Mail			
Please indicate method of receiving your licence:						
The Licence will be mailed to your organization's mailing address unless otherwise indicated.						
Applications can be dropped off at any Service Centre; mailed to Consumer Affairs Division P.O. Box 8700 St. John's, NL A1B 4J6; faxed to (709) 729-6998 or (709) 637-2498, or emailed to: appsconsumeraffairs@gov.nl.ca						
Consumer Affairs Toll Free Number: 1-877-968-2600, or Locally (Mount Pearl) at (709) 729-2660.						
Contact for Regional Offices: Corner Brook (709) 637-2445 (office) Fax: (709) 637-2498.						
Reminder						
Sports or Recreation groups must have valid certification for your application to be processed. The application must be signed by two principal officers of your organization. i.e. president, vice president, treasurer. 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/Breakopen lottery before submitting your application. See Schedule "C"						