Bingo



Lottery Licence Application

Office use only

Organization RSN	N
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?	
City/Town:	2) Is your organization a registered charity with the Charities Directorate? Yes No If Yes, what is the registration number?	
Province: Postal Code:	, <u> </u>	
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 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:		
To be signed by two Principal Officers of the Orga	inization	
We certify that all information and documents supplied are correct and the		
Name:	Name:	
Position:	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 to	tal 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		
	Other Games in Conjunction with	Bingo
Bingo	Ticket Wheels/Spins	Yes
Will you be participating in Linked/Satellite Bingo? Yes No	Ticket Draws/Raffles	Yes
Is this a Media Bingo (i.e TV or Radio)? Yes No	Non-Escalating 50/50 Ticket Draws	Yes
If Yes, will a commercial agent be used to sell cards? Yes No	Escalating 50/50 Ticket Draws (7-10	Ball) Yes
Prizes	Pot of Gold/Cookie Jar	Yes
Total value of Bingo prizes per event.	Escalating Jackpot (\$7500.max)	Yes
(Cash and/or Merchandise – retail value) \$,	
Will any prizes or portion of the prizes be donated? Yes No	Giveaways	Yes
	Other Games	
Lotteries Trust Account Information	Event(s) Chair/Manager	
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	Person responsible for the event(s):	
	Person responsible for the event(s):	
Name of Bank of Financial Institution:		Phone (H):
Name of Bank of Financial Institution:		_ Phone (H):
Name of Bank of Financial Institution: Type of account:		_ Phone (H):
	Phone (W):	Phone (H):
	Phone (W): Gaming Supplier(s)	_Phone (H):
	Phone (W): Gaming Supplier(s)	Phone (H):
Type of account:	Phone (W): Gaming Supplier(s) Name of gaming supplier(s):	Phone (H):
Type of account:	Phone (W): Gaming Supplier(s) Name of gaming supplier(s): FaxEmail	Mail
Type of account: Licence Please indicate method of receiving your licence:	Phone (W): Gaming Supplier(s) Name of gaming supplier(s): FaxEmail dress unless otherwise indicate	Mail
Type of account: Licence Please indicate method of receiving your licence: The Licence will be mailed to your organization's mailing accounts.	Phone (W): Gaming Supplier(s) Name of gaming supplier(s): Fax Email dress unless otherwise indicated led to Consumer Affairs Division	Mail ed. n P.O. Box 8700 St. John's, NL
Type of account: Licence Please indicate method of receiving your licence: The Licence will be mailed to your organization's mailing account and polications can be dropped off at any Service Centre; mailed to your organization and polications can be dropped off at any Service Centre; mailed to your organization and polications can be dropped off at any Service Centre; mailed to your organization and polications can be dropped off at any Service Centre; mailed to your organization and polications can be dropped off at any Service Centre; mailed to your organization and polications can be dropped off at any Service Centre; mailed to your organization and polications can be dropped off at any Service Centre; mailed to your organization and polications can be dropped off at any Service Centre; mailed to your organization and polications can be dropped off at any Service Centre; mailed to your organization and polications can be dropped off at any Service Centre; mailed to your organization and polications can be dropped off at any Service Centre; mailed to your organization and polications can be dropped off at any Service Centre; mailed to your organization and polications can be dropped off at any Service Centre; mailed to your organization and polications can be dropped off at any Service Centre.	Phone (W): Gaming Supplier(s) Name of gaming supplier(s): Fax Email dress unless otherwise indicate led to Consumer Affairs Division illed to: appsconsumeraffairs@g	Mail ed. n P.O. Box 8700 St. John's, NL
Type of account: Licence Please indicate method of receiving your licence: The Licence will be mailed to your organization's mailing account and the property of the proper	Phone (W): Gaming Supplier(s) Name of gaming supplier(s): FaxEmail dress unless otherwise indicate led to Consumer Affairs Division iled to: appsconsumeraffairs@g ally (Mount Pearl) at (709) 729-2	Mail ed. n P.O. Box 8700 St. John's, NL
Type of account: Licence Please indicate method of receiving your licence: The Licence will be mailed to your organization's mailing ac Applications can be dropped off at any Service Centre; mailed to 418 4J6; faxed to (709) 729-6998 or (709) 637-2498, or emailed Consumer Affairs Toll Free Number: 1-877-968-2600, or Locality Consumer Affair	Phone (W): Gaming Supplier(s) Name of gaming supplier(s): FaxEmail dress unless otherwise indicate led to Consumer Affairs Division iled to: appsconsumeraffairs@g ally (Mount Pearl) at (709) 729-2	Mail ed. n P.O. Box 8700 St. John's, NL
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