

Five-Year Ticket Lottery Licence Application



Office use only	Organization RSN _____
	Trust Account RSN _____
	Folder RSN _____
	Entered _____

Applicant		Applicant Information							
Organization Name: _____ Mailing Address: _____ _____ City/Town: _____ Province: _____ Postal Code: _____ Phone: _____ Fax: _____ Email: _____		1. Has your organization previously held a lottery licence for this proposed lottery event over the previous three years? If Yes, what were the licence numbers? <table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>		Yes	No	_____	_____	_____	_____
Yes	No								
_____	_____								
_____	_____								
		2. Is your organization a registered charity with the Charities Directorate? If Yes, what is the registration number? <table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>		Yes	No	_____	_____		
Yes	No								
_____	_____								
Proposed Use of Proceeds									
Provide details as to how proceeds will be used: (Attach a separate sheet if necessary.) _____ _____ _____									
Draw Location/ Ticket									
Location of Draw(s)(must be a public location) Location: _____ Address: _____ City/Town: _____ Province: _____		For a paper-based ticket lottery attach sample copy of ticket. For an electronic ticket lottery attach all contracts with the gaming supplier(s) and ticket purchase confirmation form. Note: Draw details cannot be changed after ticket sales begin. The total value for the tickets sold for any one event shall not exceed twelve times the total retail value of the prizes, with the exception of a 50/50 draw.							
Gaming Supplier									
Name of gaming supplier(s) _____ _____ _____									
Signatures of Organization Principal Officers									
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): _____ Email: _____ Signature: _____ Date: _____		Name: _____ Position: _____ Address: _____ City/Town: _____ Province: _____ Postal Code: _____ Phone (W): _____ Phone (H): _____ Email: _____ Signature: _____ Date: _____							

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Event(s) Date(s) - Series events are only eligible to a 12 month period

- 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.
(i.e. Calendar Draw. Attach complete details)
- 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 ticket events during the period _____ to _____ for a total of _____ events.
(Where prize payouts **can** exceed \$500.00).

Event Information

Tickets

Total number of tickets to be printed during the licence period (Include discounted tickets): _____

What will be the maximum selling price of one ticket? \$ _____

Will tickets be sold at a discount? Yes No
(i.e. \$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
If Yes, attach details.

Will any prizes or portion of the prizes be donated? Yes No

Will the event be conducted in conjunction with another province? Yes No

Will ticket sales only take place on the day of the draw? (i.e. same day sales only) Yes No
If Yes, attach details.

Prize(s)

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) \$ _____

Provide description of prize(s) :(i.e. cash, basket, etc.).

Attach a separate sheet if necessary _____

Will there be an early bird draw? Yes No
If Yes, attach details. (Include cut off dates)

Will the ticket draw be one of the following?

- If Yes, attach details.
- ☐ 50/50
 - ☐ Calendar Draw
 - ☐ Pay What You Pull/Scratch

Lotteries Trust Account Information

Name of Financial Institution: _____

Type of Account: _____

Event(s) Chair/Manager

Person responsible for the event(s): _____

Phone (W): _____ Phone (H): _____

Email: _____

Submission Details

Sport or Recreation groups must have valid certification before approval.

The application must be signed by two principal officers of your organization. i.e. president, vice president, treasurer. Please read the General Rules and the rules for Ticket lottery before submitting your application. See Schedule "D".

Changes will not be granted after ticket sales have commenced. Draw date(s) can only be changed on written approval of the division.

Any changes or amendments to the licence shall be requested in writing

Applications and Financial Reports can be submitted to: Consumer and Financial Services Division

Email: Lotterylicence@gov.nl.ca
Location: MRD Building, 149 Smallwood Drive, Mount Pearl
Mail: P.O. Box 8700, St. John's, NL A1B 4J6

Fax: 709-729-6998
Tel: 709-729-2600
Toll Free: 1-877-968-2600

Upon approval, Lottery Licences will be issued by email.

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