

# Bingo/Breakopen 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? Yes No If Yes, what was the last licence number? _____ 2. Is your organization a registered charity with the Charities Directorate? Yes No If Yes, what is the registration number? _____ 3. Is your organization incorporated? Yes No If Yes, indicate <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Share Capital Corporation number _____	
Proposed Use of Proceeds			
Provide details as to how proceeds will be used: (Attach a separate sheet if necessary.) _____ _____ _____			
Lottery Event Location			
Name of premises: _____ Street: _____ City/town: _____ Province: _____		The premises is owned by: _____ _____ Rent: \$ _____ per _____ Is the premises a licensed liquor outlet: Yes No	
Gaming Supplier(s)			
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)

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: MON TUE WED THU FRI SAT SUN

Give details if more than 2 days are selected: \_\_\_\_\_

## Event Information

### Bingo

Will you be participating in Linked/Satellite Bingo? Yes No

Is this a Media Bingo (i.e TV or Radio)? Yes No

If Yes, will a commercial agent be used to sell cards? Yes No

### Prizes

Total value of Bingo prizes per event.

Cash and/or Merchandise – retail value \$ \_\_\_\_\_

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

### Breakopen Ticket

How many boxes of Breakopen Tickets does your organization expect to sell during the licence period? \_\_\_\_\_

### Other Games in Conjunction with Bingo

Ticket Wheels/Spins Yes No

Ticket Draws/Raffles Yes No

Non-Escalating 50/50 Ticket Draws Yes No

Escalating 50/50 Ticket Draws (7-10 Ball) Yes No

Pot of Gold/Cookie Jar Yes No

Escalating Jackpot (\$7500.max) Yes No

Giveaways Yes No

Other Games \_\_\_\_\_

## 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 Bingo/Breakopen Lottery in Schedule C before submitting your application.

**Any changes or amendments to the licence must be requested in writing. A licence is not transferable.**

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

Email: [Lotterylicence@gov.nl.ca](mailto: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.

Personal information contained on this form is collected by the Government of Newfoundland and Labrador and protected under the Access to Information and Protection of Privacy Act, 2015