

Bingo/Breakopen Lottery Licence Application



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

Applicant		Applicant Information		
Organization Name:				Yes No
Mailing Address:				
City/Town:				
Province:	Postal Code:			
Phone:	Fax:			
Email:				
<p>Proposed Use of Proceeds</p> <p>Provide details as to how proceeds will be used: (Attach a separate sheet if necessary.)</p> <hr/> <hr/> <hr/>				
<p>Lottery Event Location</p> <p>Name of premises: _____</p> <p>Street: _____</p> <p>City/town: _____</p> <p>Province: _____</p> <p>The premises is owned by: _____</p> <p>Rent: \$ _____ per _____</p> <p>Is the premises a licensed liquor outlet: Yes No</p>				
Gaming Supplier(s)				
<p>Name of gaming supplier(s) _____</p> <hr/> <hr/> <hr/>				
Signatures of Organization Principal Officers				
<p>We certify that all information and documents supplied are correct and the organization has authorized us to make this application.</p>				
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 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		Other Games in Conjunction with Bingo					
Will you be participating in Linked/Satellite Bingo?	Yes	No	Ticket Wheels/Spins	Yes	No		
Is this a Media Bingo (i.e TV or Radio)?	Yes	No	Ticket Draws/Raffles	Yes	No		
If Yes, will a commercial agent be used to sell cards?	Yes	No	Non-Escalating 50/50 Ticket Draws	Yes	No		
Prizes		Escalating 50/50 Ticket Draws (7-10 Ball)					
Total value of Bingo prizes per event. Cash and/or Merchandise – retail value \$ _____		Yes No					
Will any prizes or portion of the prizes be donated?		Yes	No	Pot of Gold/Cookie Jar	Yes	No	
Breakopen Ticket		Escalating Jackpot (\$7500.max)					
How many boxes of Breakopen Tickets does your organization expect to sell during the licence period? _____		Giveaways					
		Other Games _____					
Lotteries Trust Account Information			Event(s) Chair/Manager				
Name of Financial Institution: _____			Person responsible for the event(s): _____				
Type of Account: _____			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	Fax:	709-729-6998
Location:	MRD Building, 149 Smallwood Drive, Mount Pearl	Tel:	709-729-2600
Mail:	P.O. Box 8700, St. John's, NL A1B 4J6	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