

# 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: _____	

# Breakopen Lottery Licence Application



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.			
Event Information			
How many boxes of Breakopen Tickets do you expect to sell during the above date(s) of operation? _____			
Lotteries Trust Account Information	Event(s) Chair/Manager		
Name of Financial Institution: _____ Type of Account: _____	Person responsible for the event(s): _____  Phone (W): _____ Phone (H): _____ Email: _____		
Submission Details			
<p>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 Breakopen Lottery in Schedule B before submitting your application.  <b>Any changes or amendments to the licence must be requested in writing. A licence is not transferable.</b></p> <p>A notice shall be displayed indicating that winning breakopen tickets will be paid only if the licensee can identify that they sold the ticket.          Each box of breakopen tickets when not under the direct control of the seller shall be kept by the licensee in a secure place.          The licensee shall ensure that the breakopen ticket sellers deface all winning tickets at the time of prize payout and all winning ticket from each box shall be retained until that box is sold and accounted for.          The licence shall not promote, in any manner, the number of winning tickets left in a game box.          Employees and volunteers who sell breakopens shall not purchase breakopen tickets from the premises where they volunteer or are employed.          Breakopen tickets shall not be sold, borrowed or exchanged between licenses unless the proper inventory controls are in place, and this includes invoices.          Breakopen tickets shall not be sold outside the confines of the event location specified on the licence. Tickets sold at an outdoor location shall be sold from an enclosed booth or similar structure.          The licensee shall ensure that breakopen ticket patrons have full and equal chance to purchase all winning tickets in every breakopen box offered.</p> <p><b>Applications and Financial Reports can be submitted to: Consumer and Financial Services Division</b></p> <table style="width: 100%;"> <tr> <td style="width: 60%;"> <b>Email:</b> <a href="mailto:Lotterylicence@gov.nl.ca">Lotterylicence@gov.nl.ca</a>  <b>Location:</b> MRD Building, 149 Smallwood Drive, Mount Pearl  <b>Mail:</b> P.O. Box 8700, St. John's, NL A1B 4J6             </td> <td style="width: 40%;"> <b>Fax:</b> 709-729-6998  <b>Tel:</b> 709-729-2600  <b>Toll Free:</b> 1-877-968-2600             </td> </tr> </table> <p>Upon approval, Lottery Licences will be issued by email.</p>		<b>Email:</b> <a href="mailto:Lotterylicence@gov.nl.ca">Lotterylicence@gov.nl.ca</a> <b>Location:</b> MRD Building, 149 Smallwood Drive, Mount Pearl <b>Mail:</b> P.O. Box 8700, St. John's, NL A1B 4J6	<b>Fax:</b> 709-729-6998 <b>Tel:</b> 709-729-2600 <b>Toll Free:</b> 1-877-968-2600
<b>Email:</b> <a href="mailto:Lotterylicence@gov.nl.ca">Lotterylicence@gov.nl.ca</a> <b>Location:</b> MRD Building, 149 Smallwood Drive, Mount Pearl <b>Mail:</b> P.O. Box 8700, St. John's, NL A1B 4J6	<b>Fax:</b> 709-729-6998 <b>Tel:</b> 709-729-2600 <b>Toll Free:</b> 1-877-968-2600		

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