

Chase the Ace 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			
Location of Draw(s): _____ Street: _____ City/Town: _____ Province: _____		Alternate Location of Draw(s): _____ Street: _____ City/Town: _____ Province: _____ Attach sample copy of ticket.	
Gaming Supplier			
Name of gaming supplier(s)* ALL TICKETS MUST BE COMMERCIALY PRINTED. _____ _____			
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)													
Day of operation: _____													
Alternate day of operation: _____													
A series of ticket events during the period _____ to _____ for a total of _____ events.													
Frequency of draws, ie daily/weekly: _____													
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)? \$ _____ Event cannot be conducted in conjunction with another province. Ticket sales must be same day sales only. Copy of house rules for "Chase The Ace" must accompany application.	Prize(s) Total retail value of prize(s) to be awarded during the licence period \$ _____ Provide description of prize(s) structure: <input type="checkbox"/> 20% / 30% / 50% <input type="checkbox"/> 25% / 25% / 50% <input type="checkbox"/> 30% / 20% / 50% Will your organization be starting with an Elimination Jackpot to a maximum of \$1,500? Yes No If Yes, identify the amount of the starting jackpot and submit either a copy of a bank statement or a letter of guarantee: _____												
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. ie. president, vice president, treasurer. Please read the General Rules, chase the Ace Guidelines and the rules for Ticket Lottery in Schedule D before submitting your application. No other Chase The Ace licence will be approved until Financial Report is received. 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.</p> <p>Applications and Financial Reports can be submitted to: Consumer and Financial Services Division</p> <table><tr><td>Email:</td><td>Lotterylicence@gov.nl.ca</td><td>Fax:</td><td>709-729-6998</td></tr><tr><td>Location:</td><td>MRD Building, 149 Smallwood Drive, Mount Pearl</td><td>Tel:</td><td>709-729-2600</td></tr><tr><td>Mail:</td><td>P.O. Box 8700, St. John's, NL A1B 4J6</td><td>Toll Free:</td><td>1-877-968-2600</td></tr></table> <p>Upon approval, Lottery Licences will be issued by email.</p>		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
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