

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? If Yes, what was the last licence number? _____ 2. Is your organization a registered charity with the Charities Directorate? If Yes, what is the registration number? _____ 3. Is your organization incorporated? If Yes, indicate <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Share Capital Corporation number _____			
Proposed Use of Proceeds <p>Provide details as to how proceeds will be used: (Attach a separate sheet if necessary.)</p> <hr/> <hr/> <hr/>					
Lottery Event Location <table border="0"> <tr> <td>Location of Draw(s): _____ Street: _____ City/Town: _____ Province: _____</td> <td>Alternate Location of Draw(s): _____ Street: _____ City/Town: _____ Province: _____</td> </tr> </table> <p>Attach sample copy of ticket.</p>				Location of Draw(s): _____ Street: _____ City/Town: _____ Province: _____	Alternate Location of Draw(s): _____ Street: _____ City/Town: _____ Province: _____
Location of Draw(s): _____ Street: _____ City/Town: _____ Province: _____	Alternate Location of Draw(s): _____ Street: _____ City/Town: _____ Province: _____				
Gaming Supplier <p>Name of gaming supplier(s)* ALL TICKETS MUST BE COMMERCIALLY PRINTED.</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> <table border="0"> <tr> <td>Name: _____ Position: _____ Address: _____ City/Town: _____ Province: _____ Postal Code: _____ Phone (W): _____ Phone (H): _____ Email: _____ Signature: _____ Date: _____</td> <td>Name: _____ Position: _____ Address: _____ City/Town: _____ Province: _____ Postal Code: _____ Phone (W): _____ Phone (H): _____ Email: _____ Signature: _____ Date: _____</td> </tr> </table>				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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Chase the Ace Lottery Licence Application



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:

- 20% / 30% / 50%
 25% / 25% / 50%
 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

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. 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.

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.

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