

Games of Chance 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.

Event Information

Wheel of Fortune	Number of Wheels per Event		Instant Win Merchandise Games		
Ticket Wheel:	_____		Ticket Price	Number of Tickets	Number of Games
Crown and Anchor:	_____		\$ _____	_____	_____
Over and Under:	_____		\$ _____	_____	_____
Other Wheels (identify below)	_____		Other Games of Chance		
_____	_____		Name of Game	Number of Games/Event	
Card Games (select the type of card game)			_____	_____	
Auction 120	Yes	No	_____	_____	
Crib	Yes	No	_____	_____	
Five Hundreds	Yes	No	_____	_____	
Poker	Yes	No	Ticket Raffle		
Will the combined prize payout for your card game, including ticket wheels, other wheels, raffles, and other games of chance exceed \$500?	Yes	No	Prize value per raffle cannot exceed \$500: If yes, attach sample copy of ticket	Yes	No
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 Games of Chance Lottery in Schedule E 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
 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