

Games of Chance 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: _____	



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