

Monte Carlo 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: _____ | | | |

Monte Carlo 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

Admission

Number of tickets printed: _____

Ticket price: _____

Is there a door prize or ticket draw associated with the purchase of the ticket? Yes No

If yes, what is the value of the prize?: _____

and describe the prize(s): _____

Tables and Games

Number per Event

Roulette _____

Blackjack _____

Poker _____

Horserace _____

Other Games and Tables (Identify below)

Ticket Raffle

Prize value per raffle cannot exceed \$500: Yes No
If yes, attach sample copy of ticket

Wheel of Fortune

Number of Wheels per Event

Ticket Wheel: _____

Crown and Anchor: _____

Over and Under: _____

Other Wheels (identify below)

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

This application is only to be used if applying for a Monte Carlo Table or Monte Carlo game.

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 Monte Carlo Lottery in Schedule F before submitting your application.

A licence will not be issued for a Monte Carlo lottery event where the location of the event will be a commercial bar or tavern.

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