

Sports Betting 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 Provide details as to how proceeds will be used: (Attach a separate sheet if necessary.) _____ _____			
Standings How often will the standings be posted and/or broadcasted? _____ Where will updates on standings be posted and/r broadcasted?: Newspaper: _____ Website: _____ Telephone: _____ Radio: _____ Other: _____			
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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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

Betting Type

Player Point Sports Pool

Yes No

Ticket/Entry Forms

Total number of tickets or entry forms to be printed during the licence

period (including discounted tickets) _____

Team Point Sports Pool

Yes No

What will be the maximum selling price of one ticket

or entry form? _____

Predication Sports Pool

Yes No

Time Ticket

Yes No

Other: _____

What sport will the licence be based on? _____

Will tickets or entry forms be sold at a discount? Yes No
(eg. \$2 each or 3 for \$5)

What league will the licence be based on? _____

If yes, what will be the discounted price(s)? _____

Prizes

Will the Prize Payout be 50/50?

Yes No

Will a commercial agent be used to sell tickets? Yes No

If yes, state the name and address: _____

Total retail value of prize(s) (In the case of a 50/50 draw, state the

Will there be any mid event prizes awarded? Yes No

maximum prize payout during the licence period): _____

Will any prizes or portion of the prizes be donated? Yes No

Provide a description of the prize(s): _____

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.

Attach a copy of the ticket/entry form.

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 Sport Lottery in Schedule G 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

Fax: 709-729-6998

Location: MRD Building, 149 Smallwood Drive, Mount Pearl
Mail: P.O. Box 8700, St. John's, NL A1B 4J6

Tel: 709-729-2600
Toll Free: 1-877-968-2600

Upon approval, Lottery Licences will be issued by email.

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and protected under the Access to Information and Protection of Privacy Act, 2015