

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? 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.) _____ _____			
Standings			
How often will the standings be posted and/or broadcasted? _____ Where will updates on standings be posted and/r broadcasted?: Newspaper: _____ Radio: _____ Website: _____ Other: _____ Telephone: _____			
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 <table style="width: 100%;"> <tr> <td>Player Point Sports Pool</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Team Point Sports Pool</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Predication Sports Pool</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Time Ticket</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table> Other: _____ What sport will the licence be based on? _____ What league will the licence be based on? _____ Prizes Will the Prize Payout be 50/50? Yes No Total retail value of prize(s) (In the case of a 50/50 draw, state the maximum prize payout during the licence period): _____ Provide a description of the prize(s): _____ _____		Player Point Sports Pool	Yes	No	Team Point Sports Pool	Yes	No	Predication Sports Pool	Yes	No	Time Ticket	Yes	No	Ticket/Entry Forms Total number of tickets or entry forms to be printed during the licence period (including discounted tickets) _____ What will be the maximum selling price of one ticket or entry form? _____ Will tickets or entry forms be sold at a discount? Yes No (eg. \$2 each or 3 for \$5) If yes, what will be the discounted price(s)? _____ Will a commercial agent be used to sell tickets? Yes No If yes, state the name and address: _____ _____ Will there be any mid event prizes awarded? Yes No Will any prizes or portion of the prizes be donated? Yes No	
Player Point Sports Pool	Yes	No													
Team Point Sports Pool	Yes	No													
Predication Sports Pool	Yes	No													
Time Ticket	Yes	No													
Lotteries Trust Account Information		Event(s) Chair/Manager													
Name of Financial Institution: _____ Type of Account: _____		Person responsible for the event(s): _____ _____ 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 <table style="width: 100%;"> <tr> <td style="width: 60%;"> Email: Lotterylicence@gov.nl.ca Location: MRD Building, 149 Smallwood Drive, Mount Pearl Mail: P.O. Box 8700, St. John's, NL A1B 4J6 </td> <td style="width: 40%;"> Fax: 709-729-6998 Tel: 709-729-2600 Toll Free: 1-877-968-2600 </td> </tr> </table> Upon approval, Lottery Licences will be issued by email.				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										
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