

Ticket 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.) _____ _____			
Draw Location/ Ticket			
Location of Draw(s)(must be a public location) Location: _____ Address: _____ City/Town: _____ Province: _____		For a paper-based ticket lottery attach sample copy of ticket. For an electronic ticket lottery attach all contracts with the gaming supplier(s) and ticket purchase confirmation form. Note: Draw details cannot be changed after ticket sales begin. The total value for the tickets sold for any one event shall not exceed twelve times the total retail value of the prizes, with the exception of a 50/50 draw.	
Gaming Supplier			
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)			
<p>1) A single ticket event with prize(s) drawn on _____</p> <p>2) A single ticket event with prizes drawn during the period _____ to _____ for a total of _____ draws. (i.e. Calendar Draw. Attach complete details)</p> <p>3) A series of ticket events during the period _____ to _____ for a total of _____ events. (Maximum prize payout per event cannot exceed \$500).</p> <p>4) A series of ticket events during the period _____ to _____ for a total of _____ events. (Where prize payouts can exceed \$500.00).</p>			
Event Information			
<p>Tickets</p> <p>Total number of tickets to be printed during the licence period (Include discounted tickets): _____</p> <p>What will be the maximum selling price of one ticket? \$ _____</p> <p>Will tickets be sold at a discount? Yes No (i.e. \$2 each or 3 for \$5) If Yes, what will be the discount price(s)? \$ _____</p> <p>Will a commercial agent be used to sell tickets? Yes No If Yes, attach details.</p> <p>Will any prizes or portion of the prizes be donated? Yes No</p> <p>Will the event be conducted in conjunction with another province? Yes No</p> <p>Will ticket sales only take place on the day of the draw? (i.e. same day sales only) Yes No If Yes, attach details.</p>	<p>Prize(s)</p> <p>Total retail value of prize(s) to be awarded during the licence period (In the case of a 50/50 draw, state the maximum prize payout during the licence period) \$ _____</p> <p>Provide description of prize(s) :(i.e. cash, basket, etc.). Attach a separate sheet if necessary _____</p> <p>Will there be an early bird draw? Yes No If Yes, attach details. (Include cut off dates)</p> <p>Will the ticket draw be one of the following? If Yes, attach details. <input type="checkbox"/> 50/50 <input type="checkbox"/> Calendar Draw <input type="checkbox"/> Pay What You Pull/Scratch</p>		
Lotteries Trust Account Information	Event(s) Chair/Manager		
<p>Name of Financial Institution: _____</p> <p>Type of Account: _____</p>	<p>Person responsible for the event(s): _____</p> <p>Phone (W): _____ Phone (H): _____</p> <p>Email: _____</p>		
Submission Details			
<p>Sport or Recreation groups must have valid certification before approval.</p> <p>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 Ticket lottery before submitting your application. See Schedule "D".</p> <p>Changes will not be granted after ticket sales have commenced. Draw date(s) can only be changed on written approval of the division.</p> <p>Any changes or amendments to the licence shall be requested in writing.</p> <p>Applications and Financial Reports can be submitted to: Consumer and Financial Services Division</p> <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> <p>Upon approval, Lottery Licences will be issued by email.</p>		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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