



Ticket Lottery Licence Application

Office use only	Organization RSN _____
	Trust Account RSN _____
	Folder RSN _____
	Entered _____

Applicant		Applicant Information		
Organization Name: _____	1. Has your organization previously held a lottery? If Yes, what was the last licence number? _____			Yes _____ No _____
Mailing Address: _____	2. Is your organization a registered charity with the Charities Directorate? If Yes, what is the registration number? _____			Yes _____ No _____
City/Town: _____	3. Is your organization incorporated? If Yes, indicate _____ □ Not-for-Profit □ Share Capital			Yes _____ No _____
Province: _____ Postal Code: _____				Corporation number _____
Phone: _____ Fax: _____				
Email: _____				
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: _____	<p>For a paper-based ticket lottery attach sample copy of ticket.</p> <p>For an electronic ticket lottery attach all contracts with the gaming supplier(s) and ticket purchase confirmation form.</p> <p>Note: Draw details cannot be changed after ticket sales begin.</p> <p>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.</p>			
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: _____	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: _____			

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Event(s) Date(s)

- 1) A single ticket event with prize(s) drawn on _____
- 2) A single ticket event with prizes drawn during the period _____ to _____ for a total of _____ draws.
(i.e. Calendar Draw. Attach complete details)
- 3) A series of ticket events during the period _____ to _____ for a total of _____ events.
(Maximum prize payout per event cannot exceed \$500).
- 4) A series of ticket events during the period _____ to _____ for a total of _____ events.
(Where prize payouts can exceed \$500.00).

Event Information

Tickets <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>	Prize(s) <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.</p> <ul style="list-style-type: none"> <input type="checkbox"/> 50/50 <input type="checkbox"/> Calendar Draw <input type="checkbox"/> Pay What You Pull/Scratch
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Lotteries Trust Account Information

Name of Financial Institution: _____ Type of Account: _____	Person responsible for the event(s): Phone (W): _____ Phone (H): _____ Email: _____
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Submission Details

Sport or Recreation groups must have valid certification before approval.
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".

**Changes will not be granted after ticket sales have commenced. Draw date(s) can only be changed on written approval of the division.
Any changes or amendments to the licence shall be requested in writing.**

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