Games of Chance



Lottery Licence Application

Office use only

Organization RSN______
Property RSN _____
Folder RSN _____
Entered _____

Please allow two weeks for the processing of your application

Applicant	Applicant Information		
Organization Name:	1) Has your organization previously held a lottery? If Year what was the lest license number?	Yes No	
	If Yes, what was the last licence number?		
Mailing Address:	Is your organization a registered charity with the Charities Directorate?	Yes No	
City/Town:	If Yes, what is the registration number?		
Province: Postal Code:	Is your organization incorporated as a non-profit organization?	Yes No	
Phone: Fax:	If Yes, what is the incorporation number?		
Email:			
Proposed Use of Proceeds			
Provide details as to how proceeds will be used: (Attach a separate sheet	if necessary.)		
Games of Chance Event(s) Location			
Name of the premises:	The premises is owned by:		
Street Address:			
	Rent: \$ per		
City/Town:	Is the premises a licenced liquor outlet?	Yes No	
Province:			
To be signed by two Principal Officers of the Orga		Basklan	
We certify that all information and documents supplied are correct and the	organization has authorized us to make this app	Diffication.	
Name:	Name:		
Position:	Position:		
Address:	Address:		
		 	
City/Town:	City/Town:		
Province: Postal Code:	Province: Postal Code:		
Phone (W): Phone (H):	Phone (W): Phone (H):		
Signature:	Signature:		
Date:	Date:		
Email:	Email:		

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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					
Wheel of Fortune Number of Wh	neels per event	Instant Win Merc	handise Game		
Ticket Wheel (cash or merchandise)		Ticket Price	Number of Tickets	Number of Games	
Crown and Anchor		\$			
Over and Under		\$			
Other Wheels (please describe below)					
		Other Games of	Chance		
		Name of Gam	е	Number of Games	
Card Game (Select the type of card game)				per event	
Auction 120	Yes				
Crib	Yes				
Five Hundreds Forty-Fives	Yes Yes				
Poker	Yes				
Will the combined prize payout for your	103	·			
card game, including ticket wheels,		Ticket Raffle			
other wheels, raffles, and other games		(D.::	-ff	W N.	
of chance exceed \$500?	Yes No	(Prize value per ra	affle cannot exceed \$500)	Yes No	
Lotteries Trust Account Information	on	Event(s) Cha	air/Manager		
		Person responsible for the event(s):			
Name of Bank of Financial Institution:					
		Phone (W):	Phone (H	H):	
		Gaming Supplier(s)			
Type of account:		Name of gaming supplier(s):			
		l			
Licence					
Please indicate method of receiving your	licence:	Fax I	Email Ma	il	
The Licence will be mailed to your organization's mailing address unless otherwise indicated. Applications can be dropped off at any Service Centre; mailed to Consumer Affairs Division P.O. Box 8700 St. John's, NL					
Applications can be dropped on at any Service Centre; mailed to Consumer Affairs Division P.O. Box 8700 St. John's, NL A1B 4J6; faxed to (709) 729-6998, or (709) 637-2498, or emailed to: appsconsumeraffairs@gov.nl.ca					
Consumer Affairs Toll Free Number: 1-877-968-2600, or Locally (Mount Pearl) at (709) 729-2660.					
Contact for Regional Offices: Corner Brook (709) 637-2445 (office) Fax: (709) 637-2498.					
Reminder					
The application must be signed by two principal officers of your organization. i.e. president, vice president, treasurer.					
A licence will not be issued for a Games of Chance Any changes or amendments to the licence shall be	e event where the loca	ition of the event wil	I be a commercial bar or tav	vern.	