

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: _____ 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 as a non-profit organization? Yes No If Yes, what is the incorporation number? _____

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: _____ _____ Street Address: _____ _____ City/Town: _____ Province: _____	The premises is owned by: _____ _____ Rent: \$ _____ per _____ Is the premises a licenced liquor outlet? Yes No

To be signed by two Principal Officers of the Organization

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): _____ Signature: _____ Date: _____ Email: _____	Name: _____ Position: _____ Address: _____ _____ City/Town: _____ Province: _____ Postal Code: _____ Phone (W): _____ Phone (H): _____ Signature: _____ Date: _____ Email: _____
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