

Bingo/Breakopen 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.)

Bingo/Breakopen Event(s) Location

Name/operator of the premises: _____ Province: _____

_____ Rent: \$ _____ per _____

Street Address: _____

_____ Is the premises a licenced liquor outlet? Yes No

City/Town: _____

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: _____	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: _____

