



# APPLICATION FOR LOTTERY LICENCE

(ATTACH LIST IF SPACE IS INSUFFICIENT)

PLEASE PRINT



RECYCLED PAPER

This application must be received by Consumer Services at least <b>ONE MONTH</b> prior to the proposed start date of the lottery scheme.						FILE No.		<b>FOR</b>											
						LICENCE No.		<b>OFFICE USE ONLY</b>											
NAME OF ORGANIZATION						APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING													
ADDRESS						DATE		DD	MM	YY									
						AUTHORIZING SIGNATURE													
IS ORGANIZATION INCORPORATED <input type="checkbox"/> NO <input type="checkbox"/> IF YES, BY WHOM: <input type="checkbox"/> SOCIETIES ACT <input type="checkbox"/> REVENUE CANADA <input type="checkbox"/> IF OTHER, SPECIFY:																			
DATE INCORPORATED				DD	MM	YY	PLACE	REGISTRATION No.		No. OF MEMBERS									
HOW LONG HAS ORGANIZATION EXISTED																			
DESCRIBE ACTIVITIES AND BACKGROUND OF ORGANIZATION (INCLUDE CONSTITUTION AND BY-LAWS, IF ANY)																			
PURPOSE OF LOTTERY																			
HOW ARE PRIZES GUARANTEED (IN CASE OF LOSS)																			
Has your organization previously held a Lottery Licence? <input type="checkbox"/> NO <input type="checkbox"/> IF YES, state Licence No.:																			
TYPE OF LOTTERY LICENCE APPLIED FOR <input type="checkbox"/> BINGO <input type="checkbox"/> CASINO <input type="checkbox"/> RAFFLE <input type="checkbox"/> NEVADA/PULL-TICKET					RUN IN CONJUNCTION WITH OTHER LOTTERIES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, specify :														
FREQUENCY <input type="checkbox"/> SINGLE EVENT <input type="checkbox"/> IF SERIES OF EVENTS, INDICATE: <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY IF OTHER, SPECIFY:																			
DATE OF SINGLE EVENT		DD	MM	YY	DATE OF SERIES, FROM		DD	MM	YY	TO	DD	MM	YY	DAY(S) OF THE WEEK					
TIMES HELD/DRAWN SINGLE EVENT OR SERIES		FROM		TO		2 <sup>ND</sup> DAY/EVENING (CASINO ONLY)		FROM		TO		3 <sup>RD</sup> DAY/EVENING (CASINO ONLY)		FROM		TO			
ADDRESS OF PREMISES/BOOTH						PREMISES/BOOTH <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED				AGE RESTRICTION REQUESTED (IF ANY)									
<b>TICKET INFORMATION</b> (NEVADA/PULL-TICKET & RAFFLE LOTTERIES ONLY)																			
DATE TICKET SALES START		DD	MM	YY	HOURS OF SALE FROM		TO		No. OF TICKETS/BOXES TO BE PRINTED OR SOLD		ESTIMATED SALES (AMOUNT)		\$						
COST PER TICKET		\$		(PULL-TICKETS ONLY)		MIN. \$		MAX. \$		CASH PRIZE		\$		(PULL-TICKETS ONLY)		MIN. \$		MAX. \$	
<b>CASINO LOTTERY ONLY</b> GAME INFORMATION																			
TYPE		No. OF		MINIMUM		BETS		MAXIMUM		MINIMUM		PAYOUT		MAXIMUM					
BLACKJACK																			
ROULETTE																			
WHEELS OF FORTUNE																			
<b>BINGO LOTTERY ONLY</b>																			
COST OF ADMISSION/MASTER CARD		\$		COST OF EXTRA CARDS		\$		COST OF BONANZA CARDS		\$		DOOR PRIZES		<input type="checkbox"/> NONE <input type="checkbox"/> IF YES, VALUE: \$					
<b>GAME AND PRIZE INFORMATION</b>																			
TYPE		No. OF		PRIZE DESCRIPTION				VALUE		COST TO ORGANIZATION		DONATED (YES) (NO)							
<b>JACKPOT INFORMATION</b>																			
AMOUNT		OPENING		INCREASED BY		MAXIMUM		CONSOLATION PRIZE											
No. OF CALLS																			
<b>RAFFLE LOTTERY ONLY</b>																			
TICKETS SOLD BY <input type="checkbox"/> MEMBERS <input type="checkbox"/> IF OTHER, SPECIFY:						COST PER TICKET		\$		DISCOUNT TICKETS									
<b>PRIZE INFORMATION</b>																			
PRIZE No.	PRIZE DESCRIPTION				VALUE		COST TO ORGANIZATION		DONATED (YES) (NO)										
1 <sup>ST</sup>																			
2 <sup>ND</sup>																			
3 <sup>RD</sup>																			
4 <sup>TH</sup>																			
5 <sup>TH</sup>																			

**FINANCIAL ESTIMATE**

Estimated GROSS Revenue 1. \$

**EXPENSES**

Prizes	<input type="text"/>
Freight	<input type="text"/>
Equipment rental	<input type="text"/>
Cost of printing/pull-tickets	<input type="text"/>
Hall/booth rental	<input type="text"/>
Bingo caller	<input type="text"/>
Other	<input type="text"/>
<b>Total Expenses</b>	<b>\$ <input type="text"/></b>

2.   
 Estimated NET Revenue (subtract #2 from #1) 3.   
 Multiply #3 by total number of events during licence period 4. \$

**CERTIFICATION**

**DATE** | DD | MM | YY

We, as named principal officer(s) of \_\_\_\_\_, of \_\_\_\_\_ N.W.T., do jointly and severally hereby certify that:

1. we have knowledge of the matters herein set out;
2. we have read over this application;
3. all facts stated and information supplied herein are true and correct;
4. we understand that if a licence is granted, the lottery scheme as specified on this application cannot be changed or altered without authorization by the licensing authority;
5. we have read, and have in our possession, and agree to comply with the lottery regulations, and the terms and conditions under which the licence was issued;
6. we understand that the licence for which we are applying shall be valid during its effective period only as long as the conditions to which such licence is subject have been complied with, and that any breach of same may cause the licence to become null and void;
7. we understand that this application will not be accepted unless certified by two principal officers representing the organization.

NAME(S) OF PRINCIPAL OFFICER(S)	<input type="text"/>				
SIGNATURE(S)	<input type="text"/>				
TITLE(S) IN ORGANIZATION	<input type="text"/>				
TELEPHONE NUMBER(S)	<table border="1"> <tr> <td>WORK ( )</td> <td>RES. ( )</td> <td>WORK ( )</td> <td>RES. ( )</td> </tr> </table>	WORK ( )	RES. ( )	WORK ( )	RES. ( )
WORK ( )	RES. ( )	WORK ( )	RES. ( )		

**SPECIAL REQUIREMENTS**

**Raffle Lotteries**

- A draft sample ticket to be printed must accompany this application, and must contain the following information:
  1. the name of the charitable organization;
  2. the location;
  3. the price to purchase a chance (ticket);
  4. the prizes to be awarded;
  5. the maximum number of tickets printed;
  6. the ticket number, if any; and
  7. the lottery licence number.

**Nevada/Pull-ticket Lotteries**

- No person under the age of 16 years of age may purchase or sell Nevada/Pull-tickets.

**Casino Lotteries**

- Monday through Friday, casino must finish by 2:00 a.m., Saturday night till midnight, Sunday casino may not start until after 1:30 p.m..

**All Lotteries**

- Refer to the Lottery Regulations for information regarding advertising of your lottery scheme.

**GENERAL INFORMATION**

Under the N.W.T. Lotteries Act, organizations which are deemed to be charitable or religious and which have charitable or religious objectives or purposes, are eligible to hold licensed lottery schemes known as Bingo, Nevada/Pull-tickets, Casino and raffle lotteries. The lottery must be managed and conducted in the manner described in this application, as approved. All prizes must be awarded in accordance with the prizes proposed in this application form. The proceeds must be used for the charitable or religious objectives specified in the application, as approved. Where the total prizes awarded under a series licence exceed \$100,000., an audited statement must be submitted. Where the prize(s) in a single lottery are to exceed \$30,000., specific approval is required. The maximum duration of a licence is six months.

SEND APPLICATIONS TO: **SOUTH SLAVE REGIONAL OFFICE  
 MUNICIPAL AND COMMUNITY AFFAIRS  
 GOVERNMENT OF THE NORTHWEST TERRITORIES  
 BOX 127  
 FORT SMITH NT X0E 0P0**