

Ticket 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.) _____ _____

Draw Location/ Ticket	
Location of Draw(s)(must be a public location): _____ Address: _____ City/Town: _____ Province: _____	Attach sample copy of ticket. Note: Draw details cannot be changed after ticket sales begin. 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.

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): _____ Email: _____ Signature: _____ Date: _____	Name: _____ Position: _____ Address: _____ City/Town: _____ Province: _____ Postal Code: _____ Phone (W): _____ Phone (H): _____ Email: _____ Signature: _____ 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 Total number of tickets to be printed during the licence period (Include discounted tickets): _____ What will be the maximum selling price of one ticket? \$ _____ 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)? \$ _____ Will a commercial agent be used to sell tickets? Yes No If Yes, attach details. Will any prizes or portion of the prizes be donated? Yes No Will the event be conducted in conjunction with another province? Yes No Will ticket sales only take place on the day of the draw? (i.e. same day sales only) Yes No If Yes, attach details.	Prize(s) 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) \$ _____ Provide description of prize(s) : (i.e. cash, basket, etc.). Attach a separate sheet if necessary _____ Will there be an early bird draw? Yes No If Yes, attach details. (Include cut off dates) Will the ticket draw be one of the following? If Yes, attach details. _____ 50/50 _____ Calendar Draw _____ Pay What You Pull/Scratch Name of gaming supplier(s)/printers: _____
Lotteries Trust Account Information	Event(s) Chair/Manager
Name of Financial Institution: _____ Type of Account: _____	Person responsible for the event(s): _____ Phone (W): _____ Phone (H): _____
Licence	
Please indicate method of receiving your licence: _____ Fax _____ Email _____ Mail _____ 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 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	
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.	