



# APPLICATION FOR LOTTERY LICENCE

(ATTACH LIST IF SPACE IS INSUFFICIENT)

PLEASE PRINT

<p>This application must be received by Consumer Services at least <b>ONE MONTH</b> prior to the proposed start date of the lottery scheme.</p>	GRN No. <b>FOR</b>																																																	
NAME OF ORGANIZATION	LICENCE No. <b>OFFICE USE ONLY</b>																																																	
ADDRESS	APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING																																																	
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 _____ DD ____ MM ____ YY ____ PLACE _____              REGISTRATION No. _____              No. OF MEMBERS _____																																																	
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 <small>IF OTHER, SPECIFY:</small>																																																		
DATE OF SINGLE EVENT _____ DD ____ MM ____ YY _____	DATE OF SERIES, FROM _____ DD ____ MM ____ YY _____ TO _____ DD ____ MM ____ YY _____																																																	
TIMES HELD/DRAWN SINGLE EVENT OR SERIES _____ FROM _____ TO _____	2 <sup>ND</sup> DAY/EVENING (CASINO ONLY) _____ FROM _____ TO _____																																																	
ADDRESS OF PREMISES/BOOTH _____	3 <sup>RD</sup> DAY/EVENING (CASINO ONLY) _____ FROM _____ TO _____																																																	
PREMISES/BOOTH <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED																																																		
AGE RESTRICTION REQUESTED (IF ANY)																																																		
<b>TICKET INFORMATION</b>																																																		
<small>(NEVADA/PULL-TICKET &amp; RAFFLE LOTTERIES ONLY)</small>																																																		
DATE TICKET SALES START _____ DD ____ MM ____ YY _____	HOURS OF SALE FROM _____ TO _____																																																	
COST PER TICKET \$ _____	No. OF TICKETS/BOXES TO BE PRINTED OR SOLD _____																																																	
ESTIMATED SALES (AMOUNT) \$ _____	No. OF TICKETS/BOXES TO BE PRINTED OR SOLD _____																																																	
(PULL-TICKETS ONLY) MIN. \$ _____ MAX. \$ _____	CASH PRIZE (PULL-TICKETS ONLY) MIN. \$ _____ MAX. \$ _____																																																	
<b>CASINO LOTTERY ONLY</b>																																																		
<b>GAME INFORMATION</b>																																																		
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<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>																																																		
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<b>JACKPOT INFORMATION</b>																																																		
AMOUNT _____	OPENING _____ INCREASED BY _____ MAXIMUM _____																																																	
No. OF CALLS _____	CONSOLATION PRIZE _____																																																	
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**FINANCIAL ESTIMATE**

Estimated GROSS Revenue 1. \$

**EXPENSES**

Prizes	
Freight	
Equipment rental	
Cost of printing/pull-tickets	
Hall/booth rental	
Bingo caller	
Other	
<b>Total Expenses</b>	<b>\$</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 \_\_\_\_\_ Nunavut, 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)				
SIGNATURE(S)				
TITLE(S) IN ORGANIZATION				
EMAIL ACCOUNTS				
TELEPHONE NUMBER(S)	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;	5. the maximum number of tickets printed;
2. the location;	6. the ticket number, if any; and
3. the price to purchase a chance (ticket);	7. the lottery licence number.
4. the prizes to be awarded;	

**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 Nunavut 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: **Consumer Affairs Section**  
**Department of Community & Government Services**  
**Government of Nunavut**  
**P.O. Box 440**  
**Baker Lake, NU X0C 0A0**  
**Toll Free #: 1-866-223-8139 fax #1-867-793-3321**