## APPLICATION FOR LOTTERY LICENCE

(ATTACH LIST IF SPACE IS INSUFFICIENT) PLEASE PRINT


## PURPOSE OF LOTTERY

HOW ARE PRIZES GUARANTEED (IN CASE OF LOSS)

Has your organization previously held a Lottery Licence? $\square$ NO $\square$ IF YES, state Licence No.:

| TYPE OF LOTTERY LICENCE APPLIED FOR BINGO CASINO | $\square$ RAFFLE | $\square$ NEVADA/PULL-TICKET | RUN IN CONJUNCTION WITH OTHER LOTTERIES$\square$ IF YES, specify : |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | $\square$ IF SERIES OF EVENTS, INDICATE: $\square$ DAILY |  | $\square$ WEEKLY $\square$ MONTHLY |  | IF OTHER, SPECIFY: |  |
|  | DATE OF SERIES, FROM | DD $\left.\left.\right\|^{\text {MM }}{ }^{\mathrm{YY}} \mathrm{I}^{\text {TO }}\right\|^{\mathrm{DD}}$ | MM YY | DAY(S) OF THE W |  |  |
| TIMES HELDDRAWN  <br> SINGLEEVENT FROM <br> OR SERIES  | T0 | 2ND DAY/EVENING <br> (CASINO ONLY) | FROM | T0 | 3RD DAY/EVENING FROM <br> (CASINO ONLY)  | T0 |
| ADDRESS OF PREMISES/BOOTH |  |  |  |  | PREMISES/BOOTH OWNED $\square$ RENTED |  |
|  |  |  |  |  | AGE RESTRICTION REQUESTED (IF ANY) |  |


| DATE TICKET SALES START | DD MM | Y | $\begin{array}{\|l\|} \hline \text { HOURS } \\ \text { FROM } \end{array}$ | TO |  | No. OF TICKETS/BOXES TO BE PRINTED OR SOLD |  | ESTIMATED SALES (AMOUNT) \$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| COST PER TICKET \$ |  | (PULL-TICKETS ONLY) |  |  | CAS |  |  | (PULL-TICKETS ONLY) |
|  |  |  | IN. \$ | MAX. \$ | \$ |  | MIN. \$ | MAX. \$ | CASINO LOTTERY ONLY


| TYPE |  |  |
| :--- | :--- | :--- |
| No. of |  |  |
| RLACKJACK |  |  |
| ROULETTE |  |  |
| WHEELS OF FORTUNE |  |  |

GAME INFORMATION

| COST OF ADMISSIONMASTER CARD | COST OF EXTRA CARDS <br> $\$ \$$ |
| :--- | :--- |

BINGO LOTTERY ONLY
COST OF BONANZA CARDS \$
GAME AND PRIZE INFORMATION PRIZE DESCRIPTION

DOOR PRIZES
$\square$ NONE

IF YES, VALUE: \$ VALUE $\quad$ COST TO ORGANIZATION| DONATED |  |  | COST TO ORGANIZATION |  | DONATED |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
| (YES) | (NO) |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |



SEND APPLICATIONS TO: Consumer Affairs Section

Department of Community \& Government Services

Government of Nunavut

P.O. Box 440

Baker Lake, NU XOC OAO

Toll Free \#: 1-866-223-8139 fax \#1-867-793-3321

