Sports	Newfoundland Labrador	Office use only	Organization RSN Property RSN
Lottery Licence Application	ry Licence Application Service NL		Folder RSN
Please allow two weeks for the processing of yo	our application		Entered
Applicant	Applicant Inf	formation	
Organization			
Name: Mailing Address:	a lottery?	1) Has your organization previously held a lottery? Yes No If Yes, what was the last licence number?	
City/Town:	with the Charities	2) Is your organization a registered charity with the Charities Directorate? Yes No If Yes, what is the registration number?	
Province: Postal Code: Phone: Fax:	3) Is your organiz non-profit organiz	3) Is your organization incorporated as a non-profit organization? Yes No	
Email:	If Yes, what is th	If Yes, what is the incorporation number?	
Proposed Use of Proceeds			
Standings How often will standings be posted and/or broadcast	ted?	(e.g. we	eekly/monthly)
Where will updates on standings be posted and/or b	roadcasted:		
Newspaper: Radio:			
Internet Site:	Other:		
Telephone #:			
To be signed by two Principal Office We certify that all information and documents supplied		uthorized us to make	this application.
Name:	Name:		
Position:	Position:		
City/Town:			
Province: Postal Code:			al Code:
Phone (W): Phone (H):			ne (H):
Signature:			
Email:			
Date:	Date:		

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Sports Licence Application

Event(s) Date(s)					
1) A single event to be held on					
2) A series of events to be held during the period	tofor a total ofevents.				
Event Information					
Licence Type	Tickets/Entry Forms				
Player Point Sports Pool Yes	Total number of tickets or entry forms to be printed				
Team Point Sports Pool Yes	during the licence period				
Prediction Sports Pool Yes	(include discounted tickets)				
Time Ticket Yes					
Other	What will be the maximum selling price				
	of one ticket or entry form: \$				
What sport will the licence be based on?	Will tickets or entry forms be sold at a discount? Yes No				
What league will the licence be based on?	(e.g.: \$2 each or 3 for \$5)				
	If Yes, what will be the discounted price(s)? \$				
Prizes					
Will the Prize Payout be 50/50? Yes No	Will a commercial agent be used to sell tickets? Yes No				
Total retail value of prize(s) (in the case of a 50/50 draw, state the	If Yes, state name and address:				
maximum prize payout during the licence period) \$					
Provide a description of the prize(s):					
(Attach a separate sheet if necessary)	Will there be any mid event prizes awarded? Yes No				
	Will any prizes or portion of the prizes be donated? Yes No				
Lotteries Trust Account Information	Event(s) Chair/Manager				
Name of Bank of Financial Institution:	Person responsible for the event(s):				
	Phone (W): Phone (H):				
Type of account:	Printer's Name				
	Name of gaming supplier(s)/printer:				
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					
Sports or Recreation groups must have valid certification for your application to be processed. Attach a copy of your ticket/entry form.					

The application must be signed by two principal officers of your organization. i.e. president, vice president, treasurer. Any changes or amendments to the licence shall be requested in writing. A licence is not transferable. Please read the General Rules and the rules for Sports lottery before submitting your application. See Schedule "G"