



**Class C Restricted Bingo/Breakopen Application**  
**Prize value of \$1,000.00 or less per event**

The Saskatchewan Liquor and Gaming Authority may issue a licence pursuant to subsection 207 (1)(b) of the *Criminal Code*, authorizing charitable or religious organizations to conduct and manage lottery schemes.

Please allow a minimum of 15 business days for review.

**Class C Restricted Bingo Application fee: \$5.00 (non-refundable)**

**Breakopen Application fee: \$20.00 (non-refundable)**

**A \$25.00 administration fee will be charged for N.S.F. cheques.**

Reminder, before you start, you will need the following:

- o Constitution
- o Charter and By-laws for your organization
- o A financial statement
- o Articles of incorporation (if applicable)

**\*Denotes Required Information**

**Organization Information**

\*Legal name of organization: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City/Town: \_\_\_\_\_, \*Prov. \_\_\_\_\_ \*Postal Code: \_\_\_\_\_

Preferred method of communication (check only one):

E-Mail      E-Mail address: \_\_\_\_\_

Fax          Fax number: \_\_\_\_\_

Mail

<b>FOR OFFICE USE ONLY</b>		
Code:	Date:	
Bingo licence #:		
Org. type:	Proceeds:	
Officer:	Entered:	

**Organization Description**

To determine if your organization qualifies for a charitable gaming licence, please read the eligibility section of our website at [www. slga.gov.sk.ca](http://www.sлга.gov.sk.ca). If you do not have access to the internet a copy of the eligibility guidelines can be made available by request to the Saskatchewan Liquor and Gaming Authority.

\*Provide a summary description of your organization, outlining the charitable or religious object(s) or purpose(s):

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Has this organization ever held a lottery licence with Saskatchewan Liquor and Gaming Authority?

Yes      No

If yes, provide your organization code and/or previous licence numbers (bingo, breakopen and raffle, Monte Carlo Charity Event and Texas Hold'em Poker Tournament).

Organization Code: \_\_\_\_\_ Previous Licence Numbers: \_\_\_\_\_

\*Date your organization was established: Month : \_\_\_\_\_ Year: \_\_\_\_\_

\*Total number of current members in your organization: \_\_\_\_\_

\*Total number of current members 21 years of age and under: \_\_\_\_\_

\*Is this organization registered with the Corporations Branch as a Non-Profit Organization?

Yes      No

If yes, provide registration number and a copy of the current complete Articles of Incorporation.

Registration number: \_\_\_\_\_

Attach the following information:

- o Most recent Financial Statement
- o A copy of your organization's charter
- o By-laws
- o Constitution
- o Articles of Incorporation

Additional information to determine your licence eligibility may be requested at the discretion of the Saskatchewan Liquor and Gaming Authority.

**Executive Information**

The following information is required for SLGA’s evaluation of the application. The Executive members also agree to the release of their names and contact information in the event of an inquiry from the general public respecting the licence or the licenced event.

**President or equivalent**

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Signature: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City/Town: \_\_\_\_\_, \*Prov. \_\_\_\_\_ \*Postal Code: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_ \*Business Phone: \_\_\_\_\_

\*Preferred method of communication (check only one):

E-mail E-mail address: \_\_\_\_\_

Fax Fax number: \_\_\_\_\_

Mail

**Vice President or equivalent**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_, Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

\*Preferred method of communication (check only one):

E-mail E-mail address: \_\_\_\_\_

Fax Fax number: \_\_\_\_\_

Mail

**Treasurer or equivalent**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_, Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

\*Preferred method of communication (check only one):

E-mail E-mail address: \_\_\_\_\_

Fax Fax number: \_\_\_\_\_

Mail

**Secretary or equivalent**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_, Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

\*Preferred method of communication (check only one):

E-mail E-mail address: \_\_\_\_\_

Fax Fax number: \_\_\_\_\_

Mail

**Bingo Location and Dates**

\*Location name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City/Town: \_\_\_\_\_, SK \*Postal Code: \_\_\_\_\_

\*Business phone: \_\_\_\_\_

\*Bingo events conducted by above noted Bingo Hall

Bingo events will be held every:

Day of Week	Start Time	End Time

Or on the following dates as listed below:

Date	Start Time	End Time

Total prize value for each event will be approximately \$ \_\_\_\_\_

If more space is required, fill out information on a separate sheet of paper and attach.

How often will you be submitting financial reports for the bingo?  Semiannually  Quarterly

**Breakopen**

- Check here if you will also be selling Breakopen tickets at this bingo location
- Check here if you will also be selling Breakopen tickets at other locations.

Name and address of location(s) where Breakopen tickets are to be sold other than the Bingo Hall:

Building Location name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_, SK Postal Code: \_\_\_\_\_

Date required: From: \_\_\_\_\_ To: \_\_\_\_\_

Building Location name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_, SK Postal Code: \_\_\_\_\_

Date required: From: \_\_\_\_\_ To: \_\_\_\_\_

For office use only:	
Breakopen licence effective date:	Breakopen licence conclude date:

The contact person will be responsible for any correspondence with SLGA pertaining to this licence(s). The contact person(s) also agrees to the release of his/her personal information by SLGA in the event of an inquiry from the general public respecting the licence(s) or the licenced event(s).

Indicate the main contact person for the following licence types:

\_\_\_\_\_Bingo \_\_\_\_\_Breakopen \_\_\_\_\_Both

\*If the main contact is a member of the Executive, select the position below:

- President or equivalent     Vice President or equivalent     Treasurer or equivalent
- Secretary or equivalent

OR: Fill in the contact information below:

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Signature: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City/Town: \_\_\_\_\_, \*Prov. \_\_\_\_\_ \*Postal Code: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_ \*Business Phone: \_\_\_\_\_

\*Preferred method of communication (check only one):

E-mail E-mail address: \_\_\_\_\_

Fax Fax number: \_\_\_\_\_

Mail

The contact person will be responsible for any correspondence with SLGA pertaining to this licence(s). The contact person also agrees to the release of his/her personal information by SLGA in the event of an inquiry from the general public respecting the licence or the licensed event.

\*Indicate the main contact person for the following licence types:

\_\_\_\_\_Bingo \_\_\_\_\_Breakopen

\*If the main contact is a member of the Executive, select the position below:

President or equivalent  Vice President or equivalent  Treasurer or equivalent

Secretary or equivalent

OR: Fill in the contact information below:

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Signature: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City/Town: \_\_\_\_\_, \*Prov. \_\_\_\_\_ \*Postal Code: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_ \*Business Phone: \_\_\_\_\_

\*Preferred method of communication (check only one):

E-mail E-mail address: \_\_\_\_\_

Fax Fax number: \_\_\_\_\_

Mail

### **Record Keeper**

Lottery records must be kept and maintained in Saskatchewan. These records shall include: official licence addendums, close-out sheets, all banking and other information as stated in Section 11 of the Class C Restricted Bingo Terms and Conditions.

\*Lottery records will be kept and maintained by:

President or equivalent  Vice President or equivalent  Treasurer or equivalent

Secretary or equivalent

OR: Fill in the contact information below:

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Signature: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City/Town: \_\_\_\_\_, \*Prov. \_\_\_\_\_ \*Postal Code: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_ \*Business Phone: \_\_\_\_\_

\*Preferred method of communication (check only one):

E-mail E-mail address: \_\_\_\_\_

Fax Fax number: \_\_\_\_\_

Mail

### **Lottery Bank Account Information**

The Licensee shall open and maintain a designated lottery bank account to administer all funds related to the conduct of the Bingo Events. The Licensee shall have the option of:

- (i) Opening and maintaining one designated lottery bank account to administer all lotteries conducted by the Licensee; or
- (ii) Opening and maintaining separate designated lottery bank accounts for each type of lottery conducted by the Licensee.

Funds from this account **cannot** be transferred to a general or other account as per Section 10 of the Class C Restricted Bingo Terms and Conditions.

\*Account Number: \_\_\_\_\_

\*Financial Institution: \_\_\_\_\_

### **Signing Authority**

The following unrelated individuals have bank signing authority for these lottery accounts, minimum of two persons, maximum of four.

\*At least two persons must be listed and/or selected.

\*If a member or members of the executive have signing authority, check off the position below.

President or equivalent     Vice President or equivalent     Treasurer or equivalent

Secretary or equivalent     Bingo Contact

If signing authority is held by someone else, complete the information below for each individual.

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City/Town: \_\_\_\_\_, \*Prov. \_\_\_\_\_ \*Postal Code: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_ \*Business Phone: \_\_\_\_\_

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City/Town: \_\_\_\_\_, \*Prov. \_\_\_\_\_ \*Postal Code: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_ \*Business Phone: \_\_\_\_\_

**Use of Proceeds**

Please list intended use of lottery proceeds.

Proposed use of lottery proceeds	Amount Required	Amount Approved
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
Total:	\$ _____	\$ _____

If you require more space, fill out information on a separate sheet and attach.

Please provide specific details and cost breakdowns of use of proceeds requests, (attach any related documentation)

**Bingo Expenses**

Expense Type	Proposed annual operating expense	Value
		\$ _____
		\$ _____
		\$ _____

**Breakopen Expenses**

Proposed annual operating expense	Value
	\$ _____
	\$ _____
	\$ _____

**Supporting Documentation**

If your organization is a sports team/club/association/school or governing body, attach:

- A copy of the official team roster(s) which would be submitted to your appropriate governing body (including birth dates) and the league/zone your team is affiliated with.

If the proceeds from the lottery will be used for a capital expenditure project (i.e. buildings, sports facilities, ball parks, etc.), attach a document containing:

- Description and proof of project.
- Information as to final ownership.
- Total cost and method of financing.
- Projected timetable.
- Your financial commitment to the project.
- An alternate disbursement of the accumulated lottery funds, in the event the project is cancelled.
- Advertising
- The complete rules of play for the lottery outlining how the lottery will be conducted and winners determined.
- Document detailing proposed expenses.

**Additional information to determine your licence eligibility may be requested at the discretion of the Saskatchewan Liquor and Gaming Authority.**

### **Consent and Certification**

I hereby consent, on behalf of the organization, to the Saskatchewan Liquor and Gaming Authority to release the following information to any person, under Section 24 of *The Freedom of Information and Protection of Privacy Act*:

- a. The organization's full name, address and the number of the lottery licence issued to the organization.
- b. The charitable or religious object or purpose for which the organization states the proceeds from the lottery scheme will be used; and
- c. The amounts of all lottery scheme proceeds designated for each charitable or religious object of purpose.

I hereby certify on behalf of the organization, that all facts stated and information furnished are true and correct. The organization has read, understood and agrees to comply with all the Terms and Conditions.

\*Certified correct this date: \_\_\_\_\_

\*Signature on behalf of the organization: \_\_\_\_\_

\*Printed name: \_\_\_\_\_

SLGA will retain the personal information on this form only as long as it is necessary to fulfill the purpose for which it was collected and in accordance with approved mandatory retention policies and schedules established with cooperation of the Saskatchewan Archives Board under *The Saskatchewan Archives Act*.

Send completed application and fee to:

Saskatchewan Liquor and Gaming Authority  
P.O. Box 5054, 12<sup>th</sup> Floor – 2500 Victoria Avenue  
Regina, SK S4P 3M3  
Fax: (306) 787-8981

Licence inquires or assistance:  
Telephone: (306) 787-5563  
Toll Free: 1-800-667-7565

Did you remember to:	<u>Yes</u>	<u>No</u>
a) Enclose the applicable fee? (Please refer to front page of application.) Make cheques payable to Saskatchewan Liquor and Gaming Authority.	<input type="checkbox"/>	<input type="checkbox"/>
b) Sign and complete all sections of the application?	<input type="checkbox"/>	<input type="checkbox"/>
c) Attach the official membership list if you are a sports team/club? (a Court of Queen's Bench decision prohibits the licensing of sports teams over the age of 21 years.)	<input type="checkbox"/>	<input type="checkbox"/>
d) Attach your current articles of incorporation, constitution and by-laws?	<input type="checkbox"/>	<input type="checkbox"/>
e) Attach any other documentation as requested on the application?	<input type="checkbox"/>	<input type="checkbox"/>

**Remember, an incomplete application will delay the processing of your application.**