



**Class C Bingo/Breakopen Licence Application**  
**Prize value more than \$1000.00**

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

Please allow a minimum of thirty (30) days for review.

**Bingo licence application fee: \$50.00 (non-refundable)**  
**Breakopen licence 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:

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

A separate chequing account must be kept for lottery proceeds only.

**\* Denotes required information.**

**Organization Information**

\*Organization name: \_\_\_\_\_

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

\*City/Town: \_\_\_\_\_, SK \*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 #:	Breakopen licence #:	
Org. type:	Proceeds:	
Officer:	Entered:	

**Organization Description**

To determine if your organization qualifies for a charitable gaming licence, please click on the eligibility section of the website. 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 object(s) or purpose(s):

---

---

---

---

---

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

Yes      No

If yes, provide your organization code and/or previous licence numbers (bingo, breakopen and raffle).

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:

- a copy of your organization's charter, constitution, and by-laws
- your most recent financial statement

Additional information to determine your licence eligibility may be requested at the discretion of SLGA.

**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 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 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 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 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 \$ \_\_\_\_\_

Is this a media bingo? \_\_\_\_\_

**Breakopen**

(Only to be completed if selling Breakopen tickets)

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(s) 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).

**Bingo Contact Person**

\*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: \_\_\_\_\_, SK      \*Postal Code: \_\_\_\_\_

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

\*Preferred communication (check only one):

E-mail      E-mail address:  
Fax      Fax number:  
Mail

**Breakopen Contact Person**

Same as above

\*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: \_\_\_\_\_, SK      \*Postal Code: \_\_\_\_\_

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

\*Preferred 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, financial reports, all banking and other information as stated in Section 12(c) of the terms and conditions for Bingo lotteries

\*Lottery Records will be kept and maintained by:

Same as above

President or equivalent

Vice President or equivalent

Treasurer or equivalent

Secretary or equivalent

OR:

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

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

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

\*Preferred communication (check only one):

E-mail

E-mail address:

Fax

Fax number:

Mail

**Lottery Bank Account Information**

(All organizations must maintain a separate lottery chequing account)

This account must be restricted to lottery proceeds and must be a chequing account where the cancelled cheques are returned to the account holder. Funds from this account **cannot** be transferred to a general or other account as per section 11(d) of the 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

Contact person

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: \_\_\_\_\_

**Budget**

Please list intended use of lottery proceeds.

\*Proposed use of lottery proceeds. Amount Required Office use



Total: \$

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

**Supporting Documentation**

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

- a copy of the official team roster(s) (complete with birthdates of all youth members and verified by the sport governing body).

If the proceeds from the lottery will be used for a capital expenditure project (ie. 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.

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

**Consent & 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 5 & 24 of the Freedom of Information and Protection of Privacy Act:

- a. the organizations’ 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 or 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.

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

\*Date: \_\_\_\_\_

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

SLGA will retain the personal information on this form only as long as it is necessary to fulfill the purposes 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, 8<sup>th</sup> floor – 2500 Victoria Avenue  
Regina, SK S4P 3M3  
Fax: (306) 787-8981

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

Did you remember to: Yes    No

- a) enclose the \$50.00 application fee?  
(make cheques payable to Saskatchewan Liquor & Gaming Authority.)
- b) sign and complete all sections of the application?
- 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.)
- d) attach your current articles of incorporation, constitution and by-laws?
- e) attach any other documentation as requested on the application?
- f) complete and submit the unsold breakoen inventory report form on page 10.

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