



Indigenous Gaming Regulators

APPLICATION TO CONDUCT AND MANAGE A CLASS "A" BINGO HALL

The Indigenous Gaming Regulators Inc. (IGR) may, pursuant to subsection 207(1)(b) of the Criminal Code of Canada, issue a licence to a charitable or religious organization to conduct and manage a lottery scheme. Proceeds generated from any lottery scheme must be used for charitable or religious objects or purposes.

Allow a minimum of thirty (30) days for a complete review of this application and all the supporting documents. Failure to fully complete the application and submit the required information will delay approval, during which time your group will not be licensed to operate.

Type of licence (check appropriate box):

NEW RENEWAL

If renewing, only relevant sections need to be completed (i.e., changes to contact information, budgets, etc.). Also provide a detailed list of how lottery proceeds were disbursed from the previous year's licence.

Class "A" Bingo hall means any premises where **Bingo gaming is conducted four or more times per week**, or where it is apparent the purpose of the existence of the premises is primarily for the conduct of Bingo at the general exclusion of all else. Indicate the type of licence your organization will be applying for (Management or Pooled) and the type of bingo events (i.e. program/come and go) you will be conducting.

Type of Licence: Management Pooled
Type of Bingo: Program Bingo Come and Go Bingo

Part 1 Organizational Structure and Related Information

Current Legal Name of the Organization (as it appears on the Certificate of Incorporation or similar document):

P.O. Box or Street Address City or Town Province Postal Code

Phone Number Fax Number Email Address

First Nation

Has your organization ever held a lottery licence with IGR? Yes No

Has your organization ever held a lottery licence with any other licensing authority? Yes No

If yes, provide name of Licensing Authority and the licence number: _____

How is your charitable organization structured?

Band Council Resolution (attach the BCR) **Incorporated** (attach proof of incorporation, constitution, bylaws)

If incorporated, are you incorporated under provincial or federal legislation?

Provincial
Non-profit Corporation Act, 1995 **Federal**
Income Tax Act

Date your charitable organization was established: _____

Month/Year

If incorporated, date of incorporation: _____

Month/Year

Number of Members in your charitable organization: _____

How many current members are under the age of 21? _____

* If you have not held a previous licence with IGR see Part 10 for Additional Requirements.

* Please refer to the Indigenous Gaming Regulators First Nations Charitable Gaming Handbook for Terms and Conditions and related policies.

We, the lottery executive, hereby certify that:

1. All the facts and information contained herein forming this application including any attached documentation are true and correct;
2. The organization has authorized us to proceed with this application;
3. The organization has read, understood and agrees to comply with all the terms and conditions of such licence if issued;
4. Any person authorized by IGR may examine and make copies of all records relating to this application and/or licence, including Lottery Bank Account(s) and Bingo Trust Account(s) established at any financial institution(s); and
5. The responsibility of the conduct and management of this lottery has been assigned to the individuals below:

President

<i>Surname</i>	<i>Given Name</i>	<i>Middle Initial</i>
<i>P.O. Box or Street Address</i>	<i>City or Town</i>	<i>Province</i>
<i>Phone Number</i>	<i>Fax Number</i>	
<i>Signature</i>	Dated this	day of
	<i>Day</i>	<i>Month</i> <i>Year</i>

Vice-President

<i>Surname</i>	<i>Given Name</i>	<i>Middle Initial</i>
<i>P.O. Box or Street Address</i>	<i>City or Town</i>	<i>Province</i>
<i>Phone Number</i>	<i>Fax Number</i>	
<i>Signature</i>	Dated this	day of
	<i>Day</i>	<i>Month</i> <i>Year</i>

Secretary

<i>Surname</i>	<i>Given Name</i>	<i>Middle Initial</i>
<i>P.O. Box or Street Address</i>	<i>City or Town</i>	<i>Province</i>
<i>Phone Number</i>	<i>Fax Number</i>	
<i>Signature</i>	Dated this	day of
	<i>Day</i>	<i>Month</i> <i>Year</i>

Treasurer

<i>Surname</i>	<i>Given Name</i>	<i>Middle Initial</i>
<i>P.O. Box or Street Address</i>	<i>City or Town</i>	<i>Province</i>
<i>Phone Number</i>	<i>Fax Number</i>	
<i>Signature</i>	Dated this	day of
	<i>Day</i>	<i>Month</i> <i>Year</i>

Name of **Bingo Contact** person responsible for any correspondence/contact with IGR pertaining to this licence:

If the **main bingo contact** person is a member of the Executive, indicate position:

- | | |
|---|---|
| <input type="checkbox"/> President or equivalent | <input type="checkbox"/> Vice-President or equivalent |
| <input type="checkbox"/> Secretary or equivalent | <input type="checkbox"/> Treasurer or equivalent |
| <input type="checkbox"/> Other (provide full name and address): | |

<i>Surname</i>	<i>Given Name</i>	<i>Middle Initial</i>
<i>P.O. Box or Street Address</i>	<i>City or Town</i>	<i>Province</i>
<i>Phone Number</i>	<i>Fax Number</i>	

Contact Person's preferred method of communication:

- | | |
|--------------------------------|----------------------|
| <input type="checkbox"/> Email | Email address: _____ |
| <input type="checkbox"/> Fax | Fax Number: _____ |
| <input type="checkbox"/> Phone | Phone Number: _____ |

Part 3 Banking Information

Lottery Bank Account means a separate and distinct bank account which is restricted to the deposit of lottery proceeds only. The lottery bank account must be a chequing account where cancelled cheques are returned to the account holder. Bingo proceeds cannot be transferred or deposited into a general account or into another lottery scheme account (i.e., an account for raffle lottery proceeds).

Bingo Lottery Bank Account Information:

Name of Financial Institution (bank, credit union, etc.): _____

Complete Address: _____

Bank Account Information: Your bank account number must include the institution number, branch number, and account number. Please provide a **voided blank cheque** which provides this information, **OR**, if you do not yet have cheques, the following information is required from your financial institution:

Institution Number: _____

Branch Number: _____

Account Number: _____

Signing Authority: A minimum of two (2) people and a maximum of four (4) people must have signing authority for the bank account(s) and when possible, select people who are not related. Please indicate who has signing authority:

- President Vice-President Secretary Treasurer

If someone other than the above executive members have signing authority, please provide their full name, address, phone and fax numbers:

_____ <i>Surname</i>	_____ <i>Given Name</i>	_____ <i>Middle Initial</i>	
_____ <i>P.O. Box or Street Address</i>	_____ <i>City or Town</i>	_____ <i>Province</i>	_____ <i>Postal Code</i>
_____ <i>Phone Number</i>		_____ <i>Fax Number</i>	

Part 4 Trust Account

The trust account applies to **bingo gaming only** and any other deposits from other sources are prohibited. The trust account must be an account where cancelled cheques are returned to the account holder. Disbursements or payments must be made by cheque and shall be **used to pay Incentive games prizes (regular and special games) only**. Note: regular bingo prize payouts are to be paid out of the bank account identified in Part 3.

Name of Financial Institution (bank, credit union, etc.): _____

Complete Address: _____

Bank Account Information: Your bank account number must include the institution number, branch number, and account number. Please provide a blank cheque which provides this information, **OR** if you do not yet have cheques, the following information is required from your financial institution for each account:

Institution Number: _____

Branch Number: _____

Account Number: _____

Signing Authority: A minimum of two (2) people and a maximum of four (4) people must have signing authority for the bank account(s) and when possible, select people who are not related. Please indicate who has signing authority:

- those identified in "Part 3, Signing Authority"
 someone other than those identified in "Part 3, Signing Authority" (please complete below)

_____ <i>Surname</i>	_____ <i>Given Name</i>	_____ <i>Middle Initial</i>	
_____ <i>P.O. Box or Street Address</i>	_____ <i>City or Town</i>	_____ <i>Province</i>	_____ <i>Postal Code</i>
_____ <i>Phone Number</i>		_____ <i>Fax Number</i>	

Part 5 Retention of Records

Lottery records must be kept and maintained for a minimum period of three (3) years. Lottery records include any documents, records, or other material associated with the conduct, management, operation, or participation in any lottery scheme which shall include but is not limited to: official licence, addendums, all banking forms and information, mandatory regulatory reporting forms (i.e., Event Close-Out Summary), and any other information or forms that may be specified in the Terms and Conditions for Charitable Gaming Licences to conduct and manage Bingo Lotteries.

Who has been designated as the **custodian** of the Lottery Records ?

- President Vice-President Secretary Treasurer Other

NOTE: If someone other than the above executive members is custodian, please provide his/her full name, address, phone and/or fax number and e-mail address.

Surname	Given Name	Middle Initial
P.O. Box or Street Address	City or Town	Province
E-mail Address	Phone Number	Fax Number

Part 6 Charitable Religious Object or Purpose - Statement of Activities

* Please refer to the Indigenous Gaming Regulators First Nations Charitable Gaming Handbook for the corresponding Eligibility Policies and Use of Proceeds Policies.

- 1) Describe in detail what activities and programs your charitable organization delivers, where and how these activities and programs are delivered, as well as the costs of delivering these activities and programs.

- 2) Describe in detail the mandate or objectives of your charitable organization. _____

Part 7 Disclosure of Information

On behalf of the organization, I hereby agree to allow Indigenous Gaming Regulators Inc. to release the following information pursuant to Sections 5 and 24 of *The Freedom of Information and Protection of Privacy Act* :

- a) The organization's full name, address and the lottery licence number issued;
- b) The charitable or religious object or purpose for which the organization states the proceeds from the lottery schemes 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 provided are true and correct. The organization has read, understands and agrees to comply with all terms and conditions.

_____	_____
<i>Print Name</i>	<i>Signature</i>
_____	Dated this _____ day of _____
<i>Position or title with the Organization</i>	<i>Day Month Year</i>

Part 8 Gaming Event Information

Gaming Location Name: _____

P.O. Box or Street Address
City or Town
Province
Postal Code
Phone Number
Fax Number

Square Footage of Premises: _____ Seating Capacity: _____

Name of Hall Manager: _____

Indicate the number of bingo events which are conducted during one calendar week. One Bingo Event shall not be less than two (2) hours and not more than six (6) hours of time from the start of the first game to the end of the last game. All changes to the Bingo Events indicated below require prior approval from Indigenous Gaming Regulators Inc.

	Matinee Event <small>Commences no earlier than 9:00 a.m. and no later than 2:59 p.m.</small>	Evening Event <small>Commences no earlier than 3:00 p.m. and no later than 7:59 p.m.</small>	Late Night Event <small>Commences no earlier than 8:00 p.m. and no later than 2:00 a.m.</small>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Total Events			

Part 9	Budget Information
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Please provide your projected budget for your organization for the upcoming licensing year, outlining all sources of bingo revenue and all proposed expenditures (you may provide your budget in a separate format, i.e., spreadsheet).

REVENUE

Bingo Lottery Schemes \$ _____
Total Revenue

AMOUNT TO CLASS B CHARITY (not less than 15% of revenue) \$ _____
Class B Charity

PRIZES (up to 70% monthly) \$ _____
Total Prizes

EXPENSES (up to 22% annually)

Gaming Event Expenses:

Wages	\$	_____
Rent	\$	_____
Bingo Paper	\$	_____
Supplies	\$	_____
Equipment	\$	_____
Banking Fees	\$	_____
Other (please list)	\$	_____
_____	\$	_____
_____	\$	_____

\$ _____
Total Expenses

NET PROCEEDS

(Net Proceeds equals revenue less amount to Class B Charity, less prizes, less expenses)

\$ _____
Net Proceeds

List how proceeds will be spent. Be as specific as possible as general descriptions will cause processing delays. Proposed use of proceeds may be amended at any time by providing a detailed written request for approval prior to the expenditure. Note: When travel, wages, or out-of-country donations are requested, applicable forms must be submitted for approval prior to the expenditure.

	Proposed Use of Net Proceeds	Funds Required	%	Office use Only
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
	TOTAL PROJECTED DISBURSEMENTS			

Part 10	Additional Requirements
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ADDITIONAL DOCUMENTATION REQUIRED:	Documents attached?	
	YES	NO
* Articles of Incorporation OR Band Council Resolution	<input type="checkbox"/>	<input type="checkbox"/>
* Constitution OR By - laws	<input type="checkbox"/>	<input type="checkbox"/>
* List of the Board of Directors	<input type="checkbox"/>	<input type="checkbox"/>
* A signed copy of your Lease and Management agreements (if applicable) along with any changes or renewals of the original agreement	<input type="checkbox"/>	<input type="checkbox"/>
* A list of licensees operating within the Hall	<input type="checkbox"/>	<input type="checkbox"/>
* A copy of the most current audited financial statement	<input type="checkbox"/>	<input type="checkbox"/>
* The proposed budget for the hall's Surplus Account for the upcoming year and a copy of the minutes of the meeting approving it.	<input type="checkbox"/>	<input type="checkbox"/>
* A detailed accounting of surplus funds disbursed during the previous year and the current bank statement for that account (existing licensees).	<input type="checkbox"/>	<input type="checkbox"/>
* A list of all gaming employees indicating name, position, registration number, expiry date of the registration and a current job description of all paid personnel.	<input type="checkbox"/>	<input type="checkbox"/>
* For first time applicants , a completed Solemn Declaration which confirms that your organization has successfully delivered programs and/or services to your community for the past 6 months	<input type="checkbox"/>	<input type="checkbox"/>

Additional information to determine your licence eligibility may be requested at the discretion of the Indigenous Gaming Regulators Inc.

**IF YOU WOULD LIKE FURTHER INFORMATION ON OUR APPLICATION REQUIREMENTS, OR IF YOU WOULD LIKE EVENT OR REPORTING TRAINING, PLEASE CONTACT US AT:
TOLL FREE (877) 477- 4114 or (306) 477- 5700 Fax: (306) 477- 4449**

In order to avoid delays in processing ensure that this form has been fully completed and that you have included copies of all documents that have been requested. Applications not fully completed will be returned. Allow a minimum of 30 days for processing. Applications must be submitted at least (4) weeks prior to first event.

Please mail your completed application to:

**Licensing Department
Indigenous Gaming Regulators Inc.
Suite 400-203 Packham Avenue
Saskatoon, SK S7N 4K5**

Or you may fax your completed application to Indigenous Gaming Regulators Inc. at (306) 477- 4449

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