



Indigenous Gaming Regulators

APPLICATION TO CONDUCT AND MANAGE A CLASS "B" LOTTERY SCHEME

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.

Are you applying for a breakopen licence?

YES **NO**

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.**

Part 2 Certification of Lottery Executive responsible for the Conduct and Management of the Lottery Scheme

We, the lottery executive, hereby certify that:

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

President

Surname _____ *Given Name* _____ *Middle Initial* _____

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

Phone Number _____ *Fax Number* _____

Signature _____ **Dated this** _____ **day of** _____
Day month year

Vice-President

Surname _____ *Given Name* _____ *Middle Initial* _____

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

Phone Number _____ *Fax Number* _____

Signature _____ **Dated this** _____ **day of** _____
Day month year

Secretary

Surname _____ *Given Name* _____ *Middle Initial* _____

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

Phone Number _____ *Fax Number* _____

Signature _____ **Dated this** _____ **day of** _____
Day month year

Treasurer

Surname _____ *Given Name* _____ *Middle Initial* _____

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

Phone Number _____ *Fax Number* _____

Signature _____ **Dated this** _____ **day of** _____
Day month year

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

Surname _____ *Given Name* _____ *Middle Initial* _____

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

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

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

Bingo contact person's preferred method of communication:

- Email Email address: _____
- Fax Fax Number: _____
- Phone Phone Number: _____

If your charitable organization is also applying for breakopen lottery licence(s), is the **breakopen contact person** the same as the bingo contact person?

- YES
- NO

If not, please provide the following information:

Surname _____ *Given Name* _____ *Middle Initial* _____

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

Breakopen contact person's preferred method of communication:

Email Email address: _____

Fax Fax Number: _____

Phone Phone Number: _____

Part 3	Banking Information
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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. Funds from this account cannot be transferred to a general account or any other account.

Indicate below what type(s) of Lottery Bank Account you are intending to establish (Note: You cannot deposit bingo or break-open lottery proceeds into a raffle lottery bank account):

Bank Account Proceeds Information:

Bingo Lottery Proceeds only Breakopen Lottery Proceeds only (if separate)

Bingo and Breakopen Lottery Proceeds only

Name of Financial Institution (bank, credit union, etc)

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

Complete address

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 for each account:

Institution Number: _____	Institution Number: _____
Branch Number: _____	Branch Number: _____
Account 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 Other

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

_____ <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 (Not applicable to Class B licensees)
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Part 5	Retention of Records
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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 and Breakopen 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.

_____ <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>E-mail Address</i>	_____ <i>Phone Number</i>	_____ <i>Fax Number</i>	

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.

Print Name

Signature

Position or title with the organization

Dated this _____ day of _____

Day

month

year

Part 8 Gaming Event Information

The Bingo Lottery will be conducted at:

P.O. Box or Street Address

City or Town

Province

Postal Code

Phone Number

Fax Number

Bingo Location and Dates:

i) Bingo events will be held on the following dates (the above noted Class "A" Bingo Hall is responsible for assigning and submitting bingo event dates for the Class "B" applicant):

Bingo Dates Requested (List dates separately)	Event start time	Event end time	Office Use Only

Bingo Hall Official:

Signature

Date

Breakopen:

ii) If Breakopens are being sold in locations other than the Bingo Hall, indicate name and address of buildings or locations where tickets are to be sold:

Location	Office Use Only

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 breakopen revenue and all proposed event expenses (you may provide your budget in a separate format, i.e., spreadsheet).

Bingo revenue projected (approximate for licensing year): \$ _____

Breakopen Budget (for upcoming licensing year):

Revenue

Breakopen Lottery Schemes \$ _____

Event Expenses (expenses directly related to the proposed sale of breakopen tickets):

Breakopen tickets \$ _____

Courier costs \$ _____

Equipment (i.e., lockbox) \$ _____

Supplies \$ _____

Other _____ \$ _____

Other _____ \$ _____

Total Breakopen event expenses \$ _____

Net Proceeds (revenue minus event expenses): \$ _____

NOTE: Expenses related to the delivery of Charitable programs/activities should be outlined in the "Proposed Use of Net Proceeds" section below.

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 for Bingo	Funds Required	%	Office use Only
1				
2				
3				
4				
5				
6				
7				
8				
	TOTAL PROJECTED DISBURSEMENTS			

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

ADDITIONAL DOCUMENTATION REQUIRED	<u>Documents attached?</u>		
	YES	NO	N/A
* Proof 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"/>	
* Minutes of past board meetings (specifically, approving the by-laws, budget, and the election of executive members)	<input type="checkbox"/>	<input type="checkbox"/>	

Documentation required if your charitable organization has been in existence and/or delivering programs for at least 6 months:

* Income & Expense Statement for the past 6 months (including cancelled cheques) OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Solemn Declaration which shows that your organization has successfully delivered programs and/or services to your community for the past 6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supporting Documentation (if applicable):

- | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| <p>1. 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 date), and the league/zone your team is affiliated with.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>2. 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:</p> <ul style="list-style-type: none"> • 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 lotto funds in the event the project is cancelled. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>3. Should your organization anticipate travel either within the Province or elsewhere, attach details including dates, reason, location, proposed expenditures, number of persons expected to attend, and any other related information. Any changes, additions or deletions must be submitted in writing for prior approval.</p> | <input type="checkbox"/> | <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.