



Indigenous Gaming Regulators

APPLICATION TO CONDUCT AND MANAGE A CLASS "C" 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**

Type of Licence: Class "C" Regular Class "C" Umbrella Class "C" Media

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 _____ 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 **Federal**
Non-profit Corporation Act, 1995 *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
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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>Postal Code</i>		
<i>Phone Number</i>	<i>Fax Number</i>				
<i>Signature</i>	Dated this	<i>Day</i>	day of	<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>Postal Code</i>		
<i>Phone Number</i>	<i>Fax Number</i>				
<i>Signature</i>	Dated this	<i>Day</i>	day of	<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>Postal Code</i>		
<i>Phone Number</i>	<i>Fax Number</i>				
<i>Signature</i>	Dated this	<i>Day</i>	day of	<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>Postal Code</i>		
<i>Phone Number</i>	<i>Fax Number</i>				
<i>Signature</i>	Dated this	<i>Day</i>	day of	<i>month</i>	<i>year</i>

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

<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>

If the main 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 |

Bingo 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: _____

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:

<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>			

Breakopen contact person's preferred method of communication:

Email Email address: _____

Fax Fax Number: _____

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. Funds from this account cannot be transferred to a general account or any other account.

Indicate below what type(s) of Lottery Bank Account(s) 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
- Bingo and Breakopen Lottery Proceeds only

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

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

Address

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

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

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 **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, 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>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 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>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 & 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>
<i>Position or title with the organization</i>	Dated this _____ day of _____ <small>Day month year</small>

Part 8 | Gaming Event Information

This Bingo Lottery will be conducted at:

<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>

Bingo Location and Dates:

i) Bingo events will be held on the following dates:

Bingo Dates Requested (List dates separately)	Event Start Time	Event End Time	Office Use Only

ii) Bingo events will be held every:

Day of the week	Event start time	Event end time	Office Use only

Breakopen:

If breakopens are being sold in locations other than the Bingo location indicate name and address of buildings or locations where tickets are to be sold:

Location	Office Use Only

Part 9 Budget Information

Please provide the 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
Bingo Lottery Schemes \$ _____

Breakopen Revenue
Breakopen Lottery schemes \$ _____

Prizes \$ _____

Event expenses (expenses directly related to the conduct of bingo(s))

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

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

Breakopen tickets \$ _____
 Courier costs \$ _____
 Equipment (i.e., lockbox) \$ _____
 Supplies \$ _____
 Other (specify) _____ \$ _____
 _____ \$ _____
 _____ \$ _____

TOTAL EXPENSES \$ _____

TOTAL EXPENSES \$ _____

NET PROCEEDS \$ _____
(Revenue minus prizes & expenses)

NET PROCEEDS \$ _____
(Revenue minus 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				
9				
10				
TOTAL PROJECTED DISBURSEMENTS				

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

Part 10	Additional Requirements
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ADDITIONAL DOCUMENTATION REQUIRED

Documents attached?

	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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OR			
* 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):

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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: <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"/>

Documents attached?

YES NO N/A

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.**

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.