



## APPLICATION TO CONDUCT AND MANAGE A TEXAS HOLD'EM POKER TOURNAMENT

Indigenous Gaming Regulators

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.

### 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

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: \_\_\_\_\_

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 11 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 Account(s) 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
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
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
Phone Number	Fax Number	
Signature	Dated this _____ day of _____	Day Month Year

**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.

**Lottery Bank Account Information:**

Name of Financial Institute (Bank, Credit Union, etc.)

PO Box or Street Address	City or Town	Province
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**Bank account information:** Your bank account number must include the institute number, branch number and account number. Please **attach 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:

**Account Information:**

Institute 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:

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> President        | <input type="checkbox"/> Secretary | <input type="checkbox"/> Other (see below) |
| <input type="checkbox"/> Vice - President | <input type="checkbox"/> Treasurer |  |

Note: If someone **other** than the above executive members has signing authority, please provide their full names, addresses, phone and fax numbers.

Surname	Given Name	Middle Name
PO Box or Street Address	City/Town	Province
Phone Number	Fax Number	

**Part 4 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 materials associated with the conduct, management, operation or participation in any lottery scheme which shall include but not limited to: official licence, addendums, all banking forms and information, mandatory regulatory reporting forms (ie, 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 Texas Hold'em Poker Tournament.

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

- |   |                                    |                                |
|---|------------------------------------|--------------------------------|
| <input type="checkbox"/> President        | <input type="checkbox"/> Secretary | <input type="checkbox"/> Other |
| <input type="checkbox"/> Vice - President | <input type="checkbox"/> Treasurer |                                |

**Note:** If someone other than the above executive members is custodian, please provide his/her full name, address, phone and fax number, and email address.

Surname	Given Name	Middle Name	
PO Box or Street Address	City/Town	Province	Postal Code
Phone Number	Fax Number		

**Part 5 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.

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

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**Part 6 Disclosure of Information**

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

- a) The organization's full name, address and 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 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 furnished 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 7 Texas Hold'em Tournament Information**

Date of Gaming Event: \_\_\_\_\_  
Day Month Year

Events shall not be more than ten hours in duration.

Event Start Time (not prior to 9:30 am Monday to Saturday and 12:00 noon on Sunday): \_\_\_\_\_

Event End Time (no later than 2:00 am): \_\_\_\_\_

**Location of Texas Hold'em Tournament:**

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

Number of admission or entry tickets to be printed: \_\_\_\_\_  
(Texas Hold'em Poker Tournament tickets must be numbered and include purchaser's name and contact information.)

Price of each admission ticket or entry ticket: \_\_\_\_\_

What denomination of chips will the entrants each receive for tournament play?  
(Please include a breakdown of chips received, ensuring all players receive the same denominations. ex. \$1500 starting chips)

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Please provide the method to be used to ensure the chips used in the tournament are unique to your tournament. (ie, marking the tournament chips).

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Will this tournament be advertised on the internet?  Yes  No

If yes, state the website address \_\_\_\_\_

Please provide the tournament betting structure including the details of the amount of the Ante (if required), blinds and the progression of increase in the blinds (see Appendix A attached).

Is this Texas Hold'em Poker Tournament being held in conjunction with another event?

Yes  No

If yes, please provide details:

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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				
<b>TOTAL PROJECTED DISBURSEMENTS</b>				

<b>Part 11</b>	<b>Additional Information</b>
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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 six months:

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| * Income & Expense Statement for the past 6 months (including cancelled cheques)<br>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):**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 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 (ie., buildings, sports facilities, ball parks, etc.) attach a document containing:<br>* Description and proof of project<br>* Information as to final ownership<br>* Total cost and method of financing<br>* Projected timetable<br>* Your financial commitment to the project<br>* An alternate disbursement of the accumulated lotto funds in the event the project is cancelled. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. <b>Any changes, additions or deletions must be submitted in writing for prior approval.</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

<p><b>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</b></p>
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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 to the organization. Allow a minimum of 30 days for review. Application 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