



# APPLICATION TO CONDUCT AND MANAGE MONTE CARLO CHARITY EVENT(S)

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

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 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) 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 day of Month Year

**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>	<b>Dated this</b> _____ <b>day of</b> _____	_____ <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>	<b>Dated this</b> _____ <b>day of</b> _____	_____ <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>	<b>Dated this</b> _____ <b>day of</b> _____	_____ <i>Month</i> _____ <i>Year</i>

**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 or deposited into a general account or into another lottery scheme account (i.e., an account for bingo lottery proceeds).

**Lottery Bank Account Information:**

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

<i>P.O. Box or Street Address</i>	<i>City or Town</i>	<i>Province</i>
<i>Phone Number</i>		<i>Fax Number</i>

**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 has 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>Phone Number</i>		<i>Fax Number</i>

**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 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., Financial Report for Monte Carlo Events), and any other information or forms that may be specified in the Terms and Conditions for Charitable Gaming Licences to conduct and manage Monte Carlo 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	Postal Code
E-mail Address	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.  
\_\_\_\_\_
- 2) Describe in detail the mandate or objectives of your charitable organization. \_\_\_\_\_

**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 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 7 Monte Carlo Event Information**

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

**Note:** Events shall not be more than ten (10) 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): \_\_\_\_\_

\*If your event is held in a liquor permitted establishment, it must be held in an unlicensed area or in a licensed banquet room.

Monte Carlo Event location: \_\_\_\_\_  
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 for this event (Monte Carlo admission tickets must be numbered and include purchaser's name and contact information): \_\_\_\_\_

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

How much play money or chips will each entrant receive with admission or entry tickets (Note: all bets must be made using play money or chips. No cash wagering is allowed)?  
\_\_\_\_\_  
\_\_\_\_\_

Please outline the method to be used to ensure the chips and/or play money are unique to your event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will this tournament be advertised on the internet?  YES  NO

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

Number of Blackjack tables: \_\_\_\_\_ Number of Wheels of Fortunes: \_\_\_\_\_

Is this Monte Carlo Charity Event being held in conjunction with another event?  YES  NO

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate if an auction will be held or a draw will be conducted to determine winners:  Auction  Draw

If necessary, please provide further details for the method to be used for awarding prizes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Part 8 Tournament Chairperson**

The tournament chairperson will be responsible for any correspondence with IGR pertaining to the licence, and will be responsible for ensuring the event rules are adhered to during the event.

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

Signature: \_\_\_\_\_

*P.O. Box or Street Address*

*City or Town* \_\_\_\_\_ *Province* \_\_\_\_\_ *Postal Code* \_\_\_\_\_

*Home Phone* \_\_\_\_\_ *Business Phone* \_\_\_\_\_

Preferred method of communication (check one or more):

- Email      Email address: \_\_\_\_\_
- Fax      Fax number: \_\_\_\_\_
- Phone      Phone number: \_\_\_\_\_

Does Monte Carlo chairperson have sufficient knowledge and skill to conduct the event?  YES  NO

**Part 9 Prizes**

Please provide a description of all merchandise prizes, including the retail prize value and your cost. In addition, we require purchase receipts from the retailers (i.e., dealership, travel agency, store, etc.), or a written price quotes confirming the retail values. In the case of used merchandise, please provide a certificate of appraisal from a recognized appraiser.

	Description of Prizes	Retail Prize Value (including taxes)	Your Cost (\$0 if donated) (including taxes)
1		\$	\$
2		\$	\$
3		\$	\$
4		\$	\$
5		\$	\$
6		\$	\$
7		\$	\$
8		\$	\$
	<b>Totals</b>	\$	\$

Does your organization have current funds to cover the total value of all prizes that are being offered, excluding donations?  
 YES  NO (You may be required to provide proof of financial ability to ensure the completion of the gaming event.)

**Part 10 Budget Information**

Please provide your projected budget relating to the conduct of the Monte Carlo Charity Event only.

**Revenue**  
 Maximum Gross Revenue (# of tickets printed X entry fee) \$ \_\_\_\_\_

**Event Expenses** (expenses directly related to the proposed Monte Carlo Charity Event)

- Cost of Prizes \$ \_\_\_\_\_
- Rent \$ \_\_\_\_\_
- Supplies \$ \_\_\_\_\_
- Equipment \$ \_\_\_\_\_
- Other (please list) \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_

**Total 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 following.

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 Requirements</b>
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**ADDITIONAL DOCUMENTATION REQUIRED**

**Documents attached?**

- |   |   |                         | YES                      | NO                       | N/A |
|---|---|-------------------------|--------------------------|--------------------------|-----|
| * | Proof of Incorporation  | <b>OR</b>               | <input type="checkbox"/> | <input type="checkbox"/> |     |
|   |   | Band Council Resolution |                          |                          |     |
| * | Constitution  | <b>OR</b>               | <input type="checkbox"/> | <input type="checkbox"/> |     |
|   |   | By - Laws               |                          |                          |     |
| * | 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"/> |
|   | <b>OR</b>   |                          |                          |                          |
| * | 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"> <li>• Description and proof of project</li> <li>• Information as to final ownership</li> <li>• Total cost and method of financing</li> <li>• Projected timetable</li> <li>• Your financial commitment to the project</li> <li>• An alternate disbursement of the accumulated lotto funds in the event the project is cancelled.</li> </ul> | <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"/> |

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

<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. 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.**