

The Saskatchewan Liquor and Gaming Authority may issue a licence pursuant to subsection 207(1)(b) of the *Criminal Code*, authorizing charitable or religious organizations to conduct and manage lottery schemes.

Please ensure the following documents accompany this application form:

1. *Charity Eligibility application* (Form 1A)  attached  to follow  no changes, as submitted previously
2. *Use of Proceeds Request* (Form 1B)  attached  to follow  no changes, as submitted previously

**Part 1 – Applicant Information**

Organization’s Full Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
 \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Is this a joint application?  No » proceed to Part 2  
 Yes » complete the section below. (Each partner will be listed on the licence.)

Participating Organization Full Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
 \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

A copy of the agreement or letter of understanding with each organization:  Attached  To follow

**Part 2 – Member Information**

**Bingo Licence Contact**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
 \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Preferred Method of Correspondence:  Mail  Email: \_\_\_\_\_  Fax: \_\_\_\_\_

**Alternate Bingo Licence Contact**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
 \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Class C Bingo Lottery Licence Application**

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**Breakopen Licence Contact (if applicable)**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Preferred Method of Correspondence:  Mail  Email: \_\_\_\_\_  Fax: \_\_\_\_\_

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**Alternate Breakopen Licence Contact (if applicable)**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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We certify that each person is aware that their contact information is being included on this application and will be utilized for SLGA licensing purposes only.

**Part 3 – Bingo Details**

Bingo location (name and physical address): \_\_\_\_\_  
\_\_\_\_\_

Total prize value for each event: \_\_\_\_\_

Website address (if advertising event(s) on the internet): \_\_\_\_\_

If utilizing a management company to assist in the conduct of the bingo event(s), provide the following:

- a. The name of the company \_\_\_\_\_
- b. A copy of the proposed management/contractual agreement.  Attached  to follow  
(Any agreement you enter into with a management company must receive prior approval from SLGA before the bingo event(s) can commence)

Do you require a Breakopen licence?  No  Yes, see below:

- a. Will you be selling Breakopen tickets at this location?  No  Yes
- b. Will you be selling Breakopen tickets at another location?  No  Yes, complete Part 4.

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**Part 4 – Breakopen** (list below or attach)

Building #1 Name:	Date(s) required from:
Physical address:	To:
Building #2 Name:	Date(s) required from:
Physical address:	To:

**Part 5 – Bingo Event(s)**

Choose one:

If you are conducting a one-time single event, provide date and time: \_\_\_\_\_

OR

If you are conducting multiple non-recurring events, attach a list of dates and times

OR

If you are conducting frequent recurring events (i.e. a bingo held every Tuesday from 6pm to 8pm would be marked as every 1 week on Tuesday and Start 6pm, End 8pm), complete the table below:

<b>Frequent/Recurring Events:</b>														
Events recur every:		<input type="checkbox"/> one week		<input type="checkbox"/> two weeks		<input type="checkbox"/> three weeks		<input type="checkbox"/> four weeks						
On:	Monday <input type="checkbox"/>		Tuesday <input type="checkbox"/>		Wednesday <input type="checkbox"/>		Thursday <input type="checkbox"/>		Friday <input type="checkbox"/>		Saturday <input type="checkbox"/>		Sunday <input type="checkbox"/>	
At:	Start	End	Start	End	Start	End	Start	End	Start	End	Start	End	Start	End
	AM /PM	AM /PM	AM /PM	AM /PM	AM /PM	AM /PM	AM /PM	AM /PM	AM /PM	AM /PM	AM /PM	AM /PM	AM /PM	AM /PM
Beginning (first bingo date):							Ending (last bingo date):							

**Exceptions:** identify below any period of time you will not operate your events as listed above: (e.g. July 1 to August 31 or Christmas Day, New Year’s Day)

\_\_\_\_\_

\_\_\_\_\_

**Class C Bingo Lottery Licence Application**

**Part 6 – Estimated Annual Expenses (excluding prizes and licence fees)**

A. **Wages**  No wages paid at event(s)  
 OR indicate wages in space below:

Position	# Per Event		Wage Per Event (\$)		# of Events		Total
Caller(s)		x		x		=	\$
Seller(s)		x		x		=	\$
Other (explain):		x		x		=	\$
Wage Total						=	\$

B. **Promotions** - Estimate all promotional items or prizes you intend to give away at your event(s), including: door prizes, cash and customer appreciation items (i.e. roses on Mother’s Day, etc.).

Promotion		Cost
	=	\$
	=	\$
Promotions Total		= \$

C. **Facility Rental** (rent paid to operate in a publicly owned facility (if any) \$ \_\_\_\_\_

D. **Advertising** (specify each media used)

Advertising		Cost
	=	\$
	=	\$
Advertising Total		= \$

E. **Professional Services** (refer to the Charitable Gaming Policy Manual to assist in identifying which services should be included.

Service Provider	Services Provided		Cost
		=	\$
		=	\$
Professional Services Total			= \$

F. **Other Expenses** (please specify)

Other Expenses		Cost
	=	\$
	=	\$
Other Expenses Total		= \$

**Part 7 – Consent Information**

I DECLARE that I have signing authority on behalf of the organization to which this application relates. I further declare that all of the information provided on this application is true, correct and complete to the best of my knowledge.

I CONSENT to the Saskatchewan Liquor and Gaming Authority (SLGA) collecting additional information about the organization as may be necessary to verify the information contained on this application. I understand that this information is collected for the purpose of determining my eligibility for a charitable gaming licence.

I CONSENT to SLGA sharing information authorized to be collected under SLGA legislation to regulating authorities and other jurisdictions. I understand that information regarding the conduct and management of my charitable gaming licence(s) may be released under Section 24 of *The Freedom of Information and Protection of Privacy Act* and that such information may include, but is not limited to, a description of the organization's charitable object or purpose, their licence number(s) and the amount of charitable proceeds generated from their charitable gaming licence(s). I release SLGA and any person from any source, including their officers, agents and employees, from all liability respecting the collection or release of information by or to SLGA.

I acknowledge that a photocopy of this document will have the same force and effect as the original. I have read the above statement and understand it.

\_\_\_\_\_  
Signature of Licence Contact

\_\_\_\_\_  
Date

**This form may be submitted to SLGA using any of the following methods:**

**Email (preferred):** [charitable\\_inquiries@slga.com](mailto:charitable_inquiries@slga.com)

**Fax:** (306) 787-8612

**Mail:** Box 5054, 2500 Victoria Ave, Regina SK, S4P 3M3

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