



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)  $\square$  attached  $\square$  to follow  $\square$  no changes, as submitted previously 2. Use of Proceeds Request (Form 1B)  $\square$  attached  $\square$  to follow  $\square$  no changes, as submitted previously **Restrictions:** Retail value of all prizes cannot exceed \$1,000.00 per event Limited to 1 bingo event per week **Part 1 – Applicant Information** Organization's Full Legal Name: \_\_\_\_ City: Mailing Address: Province: Postal Code: **Part 2 – Member Information Bingo Licence Contact** Name: Mailing Address: \_\_\_\_\_ City: Province: Postal Code: Alternate Phone: Primary Phone: **Bingo Alternate Licence Contact** Name: Mailing Address: City: Province: Postal Code: Alternate Phone: Primary Phone:

## Class C Restricted Bingo Lottery Licence Application

Breakopen Licence Contact (if applicable)	
Name:	
Mailing Address:	City:
	Province: Postal Code:
Primary Phone:	
Breakopen Alternate Licence Contact (if applicable)	
Name:	
Mailing Address:	City:
	Province: Postal Code:
Primary Phone:	Alternate Phone:
<ul> <li>□ We certify that each person is aware that their contact info utilized for SLGA licensing purposes only.</li> <li>Part 3 – Bingo Details</li> </ul>	rmation is being included on this application and will be
Bingo location (name and physical address):  Do you require a Breakopen licence? □ No □ Yes, see  a. Will you be selling Breakopen tickets at this  b. Will you be selling Breakopen tickets at another	e below: location?   No Yes
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)													
e one:	☐ If you are conducting a one-time single event, provide date and time:												
	OR												
	□ If yo	u are co	onducti	ng mult	iple non	-recurri	ng event	ts, attacl	n a list	of dates	and tim	nes	
	OR												
	8pm	would	be mar	-		_		_		•	•	-	
uent/Re	curring	Events	s <b>:</b>		T								
ts recur	every:				weeks	s $\Box$ three weeks			□ fo	☐ four weeks			
Mor	iday ]	Tuesday Wednesda		iesday ]	sday Thursday		Friday Satur		rday ]	day Sunday			
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
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## **Part 6 – 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.

## Class C Restricted Bingo Lottery Licence Application

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_inquir Fax: (306) 787-8612 Mail: Box 5054, 2500 Victoria Ave, F					
<del>_</del>	is form only as long as it is necessary to fulfill the purposes for pproved mandatory retention policies and schedules established Board under <i>The Saskatchewan Archives Act</i> .				