

# Monte Carlo

## APPLICATION

- Allow 6 weeks for processing.
- Missing or incomplete information may result in a longer processing time.
- Must be 18 years old or over to play.
- Maximum betting limit \$1.
- A fee of \$5 per game per day is payable with the submission of your application.

### SECTION A: Organization Information

1. Have you previously held a gaming licence?  YES  NO

If yes, what was your licence number? \_\_\_\_\_

2. Organization's Full Legal Name

\_\_\_\_\_

3. Physical Address

# AND STREET	CITY/TOWN	PROVINCE	POSTAL CODE

4. Mailing Address (if different from physical address)

# AND STREET/P.O. BOX #	CITY/TOWN	PROVINCE	POSTAL CODE

5. Background Information

First time applicants and organizations that have not been licensed in over three years must complete this question and provide any of the following supporting documents with your application:

- charter
- constitution and by-laws
- articles of incorporation (and most recent corporate annual return)
- minutes of most recent annual general meeting
- membership list
- most recent financial statement
- bank statements

All documents provided must be in the applicant organization's name. Additional documentation may be requested.

Date organization was established \_\_\_\_\_ Date of incorporation \_\_\_\_\_

Organization's mandate or objectives \_\_\_\_\_

\_\_\_\_\_



Liquor and Gaming  
Authority of Manitoba

[www.LGManitoba.ca](http://www.LGManitoba.ca)

**6. Current Executive** (please print)

		PRESIDENT	VICE-PRESIDENT
Name			
# and Street/P.O. Box #			
City/Town			
Province			
Postal Code			
Phone	Business		
	Home		
	Cell		
Email			

		SECRETARY	TREASURER
Name			
# and Street/P.O. Box #			
City/Town			
Province			
Postal Code			
Phone	Business		
	Home		
	Cell		
Email			

**7. Monte Carlo Contacts** (primary contact)

		MONTE CARLO CHAIR	MAILING CONTACT (if different from monte carlo chair)
Name			
# and Street/P.O. Box #			
City/Town			
Province			
Postal Code			
Phone	Business		
	Home		
	Cell		
Fax			
Email			

**8. At what address are your records physically kept?** (cannot be a P.O. box #)

\_\_\_\_\_

## SECTION B: Financial Information

### 9. Use of Profits

How will the profits from this event be used? Please be specific. Attach a separate page, if required.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### 10. Monte Carlo Bank Account

A separate account must be used for deposit of all Monte Carlo event revenue. All expenses and disbursements approved with this application must be paid from this account.

Name of Financial Institution	
Address of Financial Institution	
Account Number	

### 11. Estimated Expenses

Please provide the estimated expenses to operate this event.

	EXPENSES
Supplier/Service Provider	\$
Equipment Rental	\$
Wages	\$
Advertising	\$
Other _____	\$
<b>Total</b>	\$

## SECTION C: Monte Carlo Information

### 12. Event Details

Name of location \_\_\_\_\_

Address \_\_\_\_\_

Location owned by \_\_\_\_\_

Monte Carlo event to be held in conjunction with what event?

\_\_\_\_\_

Event dates: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Time: From \_\_\_\_\_ To \_\_\_\_\_

### 13. Event Specifics

Number of blackjack tables (maximum of 4) \_\_\_\_\_

Type of currency to be used

Number and type of wheels

Silver/Coins

Money Wheel \_\_\_\_\_

Chips

Crown and Anchor \_\_\_\_\_

Play Money

Over & Under \_\_\_\_\_

Other (Explain) \_\_\_\_\_

\_\_\_\_\_

Total number of games \_\_\_\_\_

## SECTION D: Certification

**14.** We, the undersigned, hereby certify on behalf of the organization that the information provided on this application is correct and true and that we have read, understood and agree to abide by the Monte Carlo Terms and Conditions. *The president and another executive must sign this application.*

### PRESIDENT

\_\_\_\_\_

Print Name

Signature

Date

\_\_\_\_\_

Specify Title

\_\_\_\_\_

Print Name

Signature

Date

### Did you remember to

Enclose the required supporting documents listed in #5.

Please send this form directly to the LGA's Gaming Licence Department at 1055 Milt Stegall Drive, Winnipeg, Manitoba R3G 0Z6 by email to [gaminglicence@LGCamb.ca](mailto:gaminglicence@LGCamb.ca) or by fax to 204-927-5385.



Liquor and Gaming  
Authority of Manitoba

## PRIVACY NOTICE

The LGA is committed to protecting your privacy. The personal information you are providing on this form is collected under the authority of *The Liquor and Gaming Control Act*, Regulations and section 36(1)(a) of *The Freedom of Information and Protection of Privacy Act*. The information is strictly for the use of the LGA to process your application, assess your eligibility for a licence and for enforcement purposes.

Please be advised that the LGA may make the following information public: your organization's full legal name, address, LGA licence number, event location(s), date(s) and prize information.

Your personal information is protected by *The Freedom of Information and Protection of Privacy Act*. Any other use, and any disclosure, of your personal information by the LGA must be authorized by you or must be authorized under *The Freedom of Information and Protection of Privacy Act*.

If you have any questions about the collection of your personal information, please contact the LGA's Freedom of Information and Protection of Privacy Coordinator at 204-954-9400 or [FIPPAcoordinator@LGAmanitoba.ca](mailto:FIPPAcoordinator@LGAmanitoba.ca).