

Bingo and Breakopen

APPLICATION

Applying for:

Bingo

Breakopen

- Allow up to 6 weeks for processing.
- Missing or incomplete information may result in a longer processing time.
- Refer to the application guide for assistance with completing this form.

SECTION A: Organization Information

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

If yes, what was your licence number? _____

Previous licence type: Bingo Breakopen Raffle Other (circle all that apply)

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**

If your organization has never received a gaming licence, has not been licensed in the last three years, or has changed its mandate or objectives, please refer to the application guide for a list of acceptable supporting documents to include with this application and complete the information below.

Date organization was established _____ Date of incorporation _____

Organization's mandate or objectives _____



Liquor and Gaming
Authority of Manitoba

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		
Fax			
Email			

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

7. Bingo and/or Breakopen Contacts (primary contact for LGA)

		BINGO CHAIR	MAILING CONTACT (if different from bingo chair)
Name			
# and street/P.O. Box #			
City/Town			
Province			
Postal Code			
Phone	Business		
	Home		
	Cell		
Fax			
Email			

		BREAKOPEN CHAIR	MAILING CONTACT (if different from breakopen 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. Estimated 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		X		X		=	
Checker(s)		X		X		=	
Seller(s)		X		X		=	
Chairperson(s)		X		X		=	
						Wage Total	=

Amounts for sections B to F are per: Event Month Year

B. Promotions

Estimate all promotional items or prizes you intend to give away at your event(s), including: door prizes, good neighbour, 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) \$ _____

*** For Breakopen Only*** Please indicate rent paid to commercial entity (if any) \$ _____

D. Advertising

Specify each media used.

ADVERTISING		COST
	=	\$
	=	\$
Advertising Total	=	\$



E. Professional Services

Refer to the guide to assist with identifying which services should be included.

SERVICE PROVIDER	SERVICES PROVIDED		COST
		=	\$
		=	\$
Professional Services Total		=	\$

F. Other Expenses

Please specify.

OTHER EXPENSES		AMOUNT
	=	\$
	=	\$
Other Expenses Total	=	\$

10. Use of Profits

How will the profits from this bingo and breakopen event be used? Please be specific. Include any donations to other charitable organizations assisting with the operation of the events. Attach a separate page, if required.

11. Profit Disbursement Date

Expected date of full disbursement of profits _____

Please refer to the application guide for assistance.

12. Does your organization have current funds to cover the cost of prizes?

- Yes – Provide a copy of your organization’s most current bank statement.
- No – Provide an *Irrevocable Standby Letter of Credit* or bank draft from a financial institution.

13. Bingo and Breakopen Bank Account

A separate bingo and breakopen account must be used to deposit all revenue. All expenses and disbursements approved with this application must be paid by cheque from this account.

Name of Financial Institution		
Address of Financial Institution		
Account Number	Combined	
	Bingo	
	Breakopen	

SECTION C: Bingo and Breakopen Event Information

14. Event Schedule and Location

Refer to the application guide for assistance. Attach a separate page if you are applying for an irregular schedule of events or for additional events.

LICENCE TYPE	EVENT TYPE AND FREQUENCY		EVENT DAY(S)	EVENT TIME		EVENT LOCATION
				START	END	
Event #1 <input type="checkbox"/> Bingo <input type="checkbox"/> Breakopen	<input type="checkbox"/> Ongoing <input type="checkbox"/> Limited Series From: _____ (MM/DD/YYYY) To: _____ (MM/DD/YYYY)	<input type="checkbox"/> Weekly OR <input type="checkbox"/> Bi-weekly Start: _____ (MM/DD/YYYY) OR <input type="checkbox"/> Monthly <input type="checkbox"/> 1st wk <input type="checkbox"/> 2nd wk <input type="checkbox"/> 3rd wk <input type="checkbox"/> 4th wk	<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday			Building Name
						Building Address
				Building Owner		
Event #2 <input type="checkbox"/> Bingo <input type="checkbox"/> Breakopen	<input type="checkbox"/> Ongoing <input type="checkbox"/> Limited Series From: _____ (MM/DD/YYYY) To: _____ (MM/DD/YYYY)	<input type="checkbox"/> Weekly OR <input type="checkbox"/> Bi-weekly Start: _____ (MM/DD/YYYY) OR <input type="checkbox"/> Monthly <input type="checkbox"/> 1st wk <input type="checkbox"/> 2nd wk <input type="checkbox"/> 3rd wk <input type="checkbox"/> 4th wk	<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday			Building Name
						Building Address
				Building Owner		
Event #3 <input type="checkbox"/> Bingo <input type="checkbox"/> Breakopen	<input type="checkbox"/> Ongoing <input type="checkbox"/> Limited Series From: _____ (MM/DD/YYYY) To: _____ (MM/DD/YYYY)	<input type="checkbox"/> Weekly OR <input type="checkbox"/> Bi-weekly Start: _____ (MM/DD/YYYY) OR <input type="checkbox"/> Monthly <input type="checkbox"/> 1st wk <input type="checkbox"/> 2nd wk <input type="checkbox"/> 3rd wk <input type="checkbox"/> 4th wk	<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday			Building Name
						Building Address
				Building Owner		

15. Closed Periods:

Identify any period of time you will not operate your events as above. For example, July 1 to August 31, Christmas Day or New Year's Day.

You must notify us prior to any closure not identified here by submitting a Licence Amendment Request Form.

Closed Periods (MM/DD/YYYY) to (MM/DD/YYYY):

1. _____ to _____ 2. _____ to _____
3. _____ to _____ 4. _____ to _____

Closed Dates (MM/DD/YYYY):

1. _____ 2. _____ 3. _____ 4. _____

16. Partnerships or Associations:

Are you operating your event(s) in partnership or in association with any other organization? Yes No

If yes, list all organizations involved and attach any contract or partnership agreements to this application.

Organization's Name:

1. _____ 2. _____
3. _____ 4. _____

SECTION D: Bingo Program and Product Information

17. Attach a copy of your game program and house rules.

18. Is a shared accumulator part of your program? Yes No

If yes, list all licensees involved.

LICENCE NUMBER	ORGANIZATION NAME

19. Bingo Product:

Hard Cards: Selling price \$ _____ per card -OR- \$ _____ for _____ card(s)

Early Bird Product

PRODUCT CODE	PRODUCT DESCRIPTION	SELLING PRICE

Regular Game Booklets

PRODUCT CODE	PRODUCT DESCRIPTION	SELLING PRICE

Single Sheets

PRODUCT CODE	PRODUCT DESCRIPTION	GAMES PLAYED WITH THIS PRODUCT	SELLING PRICE

SECTION E: Reporting

20. We will advise you if you are required to submit financial report(s) for this lottery activity. If reporting is a requirement for your organization, which of the following reporting methods is preferred?

- Electronic Reporting Tool (ERT) (used currently and will continue)
- Begin reporting electronically (Excel is required)
- Complete and mail paper reports

Who is/will be responsible for preparing and submitting reports on behalf of your organization?

Print Name	
Signature	
Date	
Address	
Daytime Phone Number	
Email	

Section F: Certification

21. 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 Bingo and Breakopen Terms and Conditions. *The President and one other member of the 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 of the Bingo and Breakopen Application Guide.
- Ensure all executive and contact information is completed.
- Enclose your current bank statement.
- Enclose information on special projects or programs identified as use of profit.
- Attach a copy of your game program and house rules.
- Retain a copy of this application and all supporting documentation for your records.

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 or by fax to 204-927-5385.

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.

