

# Media Bingo

## APPLICATION

- 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](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		
Fax			
Email			

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

**7. Media Bingo Contacts** (primary contact for LGA)

		MEDIA BINGO CHAIR	MAILING CONTACT (if different from media bingo 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 #)

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**SECTION B: Financial Information**

**9. Estimated Expenses** (excluding prizes and licence fees)

**A. Wages:**

Are there wages being paid at the event(s)?  Yes  No

POSITION	# PER EVENT		WAGE PER EVENT		# OF EVENTS		TOTAL
Caller		X	\$		X	=	\$
Phone/Checker		X	\$		X	=	\$
Seller		X	\$		X	=	\$
Chairperson		X	\$		X	=	\$
Other (Specify)							
Wage Total						=	\$

Amounts for B through to F are:  Per Event – OR –  Per Month

**B. Promotions**

Estimate all promotional items or prizes you intend to give away during your events, or with your sale of media bingo product.

PROMOTION	COST
	\$
	\$
	\$
	\$
Promotion Total	\$

**C. Facility Rental**

Paid to: \$ \_\_\_\_\_ Air Time Fees Paid to: \$ \_\_\_\_\_

Publication Space Fees Paid to: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

**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. Media Bingo Product Supplier**

Manitoba Liquor & Lotteries

Other (Specify) \_\_\_\_\_

Total Anticipated Cost of Product \$ \_\_\_\_\_

### G. Sales Commissions

Provide details of each.

SALES COMMISSIONS PAID TO:	AMOUNT
	\$
	\$
Sales Commissions Total	\$

### H. Other Expenses

Please specify.

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

**Total Estimated Expenses** \$ \_\_\_\_\_

### 10. Use of Profits

How will the profits from this media bingo event be used? Attach a separate page if required.

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### 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. Media Bingo Bank Account

A separate media bingo account must be used for deposit of 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	
Media Bingo Bank Account Number	

#### 14. Media Bingo Accountability Procedures

Please provide an explanation of the following and attach all sales/distribution/inventory forms you intend to use.

Method of distributing and selling media bingo paper: \_\_\_\_\_

Method of handling unsold media bingo paper: \_\_\_\_\_

Method of collecting and recording receipts: \_\_\_\_\_

Method of prize payout and recording of payment: \_\_\_\_\_

Procedure for dealing with unclaimed prizes: \_\_\_\_\_

### SECTION C: Media Bingo Event Information

#### 15. 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		MEDIA OUTLET/ EVENT LOCATION	
				START	END		
<input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Ongoing  <input type="checkbox"/> Limited Series From: _____ (MM/DD/YYYY)  To: _____ (MM/DD/YYYY)	<input type="checkbox"/> Weekly	<input type="checkbox"/> Sunday			Building/Media Provider	
		<b>OR</b> <input type="checkbox"/> Bi-weekly Start: _____ (MM/DD/YYYY)	<input type="checkbox"/> Monday				Building Address
	<b>OR</b> <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"/> Single Event Date: _____ (MM/DD/YYYY)	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday			
			<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday			
			<input type="checkbox"/> Saturday				

**16. Closed Periods**

Identify any period of time you will not operate your events as identified in Event Schedule and Location (15.).

For example, July 1 – 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. \_\_\_\_\_

**17. Partnerships or Associations**

Are you operating your events 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: Media Bingo Program and Product Information**

**18. Attach a copy of your game program and house rules.**

**19. Products used for media bingo events.**

PRODUCT CODE	PRODUCT DESCRIPTION	GAME PLAYED WITH THIS PRODUCT	SELLING PRICE

20.  Actual product sample attached (for renewals)

- OR -

Indicate the contents of the imprinting to be used on the media bingo paper. Refer to section 5.10 of the Media Bingo Terms and Conditions.

## SECTION E: Reporting

21. 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

22. 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 applicable terms and conditions.

### PRESIDENT:

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Print Name	Signature	Date
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Specify Title

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Print Name	Signature	Date
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### Did you remember to

- Enclose the required supporting documents listed in #5 of the Media Bingo 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](mailto: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](mailto:FIPPAcoordinator@LGAmanitoba.ca).