

# Texas Hold'em Poker Tournament

## APPLICATION

LGA Use Only

- Allow 6 weeks for processing.
- Missing or incomplete information may result in a longer processing time.
- Refer to the application guide for assistance in 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  Other (check 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. Contacts** (must possess sufficient knowledge and skill to conduct the tournament)

		<b>TOURNAMENT CHAIR</b> (must be a member of your organization and must be in attendance throughout the event)	<b>ALTERNATE TOURNAMENT CHAIR</b>	<b>PIT BOSS AND/OR MANAGER</b> (if different from tournament chair)
Name				
# and Street/P.O. Box #				
City/Town				
Province				
Postal Code				
Phone	Business			
	Home			
	Cell			
Fax				
Email				

Who should we contact when reviewing your tournament rules?

- tournament chair
- pit boss and/or manager \*

\*If your pit boss and/or manager is not from your organization, you must complete Section F authorizing us to contact this individual directly.

Please check one box to indicate whether the pit boss and/or manager is a:

- volunteer of your organization
- employee of a gaming supplier
- individual hired by your organization

If you indicated that the pit boss and/or manager is not a volunteer, please contact the Gaming Licence Department at 204-954-9400 or toll-free at 1-800-782-0363.

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

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## SECTION B: Financial Information

### 9. Anticipated Revenue

A. Will you be offering rebuys?  Yes  No

If yes, indicate the maximum number of rebuys you are offering per player: \_\_\_\_\_ (maximum of three allowed)

Specify the time rebuy sales will stop: \_\_\_\_\_ a.m./p.m.

B. Will you be holding consolation events?  Yes  No

If yes, indicate maximum number of tables you will be opening: \_\_\_\_\_

Indicate maximum number of players per table: \_\_\_\_\_

### C. Entry Revenue

REGULAR ENTRY FEE PER PERSON		MAXIMUM NUMBER OF ENTRIES		TOTAL ANTICIPATED ENTRY REVENUE
\$ _____	X	_____	=	\$ _____

### D. Rebuy Revenue

COST OF ONE REBUY UNIT		MAXIMUM NUMBER OF TOTAL REBUY UNITS		TOTAL ANTICIPATED REBUY REVENUE
\$ _____	X	_____ (maximum number of rebuys per person)	X	_____ (maximum number of entries) = \$ _____

### E. Consolation Event Revenue

CONSOLATION ENTRY FEE PER PERSON		MAXIMUM NUMBER OF ENTRIES		TOTAL ANTICIPATED CONSOLATION REVENUE
\$ _____	X	_____ (maximum number of tables)	X	_____ (maximum number of players per table) = \$ _____

F. Total Anticipated Revenue (C+D+E): \$ \_\_\_\_\_

### 10. Bank Account

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

Name of Financial Institution	
Address of Financial Institution	
Bank Account Number	





## 12. Current Funds

Does your organization have current funds to cover the cost of prizes? Please check any or all that apply:

- Prizes are a percentage of revenue.
- Prizes are donated. Copies of contractual agreements with prize suppliers or another appropriate prize confirmation must be provided for all prizes with a value over \$5,000, including donated prizes.

If all prizes being offered at your tournament are based on a percentage of revenue or are being donated, skip the rest of this question. Otherwise, check one of the following applicable boxes:

- Our organization has sufficient funds to cover all prizes offered.  
– Provide a copy of your organization’s most current bank statement.
- Our organization does not currently have sufficient funds to cover all prizes offered.  
– Provide an *Irrevocable Standby Letter of Credit* or bank draft from a financial institution.

## 13. Estimated Expenses

### A. Other Prizes

List any prizes not related to play that you will be offering at your tournament (including merchandise prizes) and the method that they will be awarded.

PRIZE	AWARDING METHOD	COST
		\$
		\$
		\$
Total Other Prizes		\$

### B. Wages

Are there wages being paid at the event(s)?  Yes  No If yes, please complete this section.

POSITION	# PER EVENT		WAGE PER EVENT (\$)		TOTAL
Dealer		X		=	
Banker		X		=	
Chair		X		=	
Pit boss/manager		X		=	
Other (Specify)		X		=	
Wages Total				=	

### C. Promotions

Estimate all promotional items or prizes you intend to give away at your event, including: promotional items, gifts or giveaways.

	\$
	\$
	\$
	\$
Promotions Total	\$



**D. Facility Rental**

Include a signed copy of your rental agreement.

Rent paid to facility \$ \_\_\_\_\_

Payable to/Facility owner: \_\_\_\_\_

**E. Advertising**

Specify each media used.

	\$
	\$
Advertising Total	\$

**F. Professional Services and Equipment**

Do not include equipment that your organization already owns or the wages listed in B.

SUPPLIER/SERVICE PROVIDER		DESCRIPTION OF SERVICES/ SUPPLIES	RENT/HIRE OR PURCHASE	COST
NAME	ADDRESS			
				\$
				\$
				\$
Professional Services and Equipment Total				\$

**G. Other Expenses**

Please specify.

	\$
	\$
Other Expenses Total	\$

**Total Estimated Expenses per Event** \$ \_\_\_\_\_

**14. Use of Profits**

How will the profits from this tournament be used? Please be specific. Include any donations to other charitable organizations assisting in the operation of the tournament. Attach a separate page, if required.

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**15. Profit Disbursement Date**

Expected date of full profit disbursement \_\_\_\_\_

You may not have to fill out this section if you are applying for an ongoing licence. Please refer to the application guide for assistance.

**SECTION C: Texas Hold'em Poker Tournament Information**

People under 18 years of age are not permitted to play, work or volunteer at Texas hold'em poker tournaments.

**16. 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.

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

Is the event location? (check only one box)

- Owned by your organization
- Owned by another organization (specify) \_\_\_\_\_
- Privately-owned (specify) \_\_\_\_\_

**17. Closed Periods**

Identify any period of time you will not operate your events as above (e.g. 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. \_\_\_\_\_

### 18. 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 Name:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

### 19. Tournament Rules

Attach a typed copy of your tournament rules.

Tournament rules must include all information as listed in 7.01(a) – 7.01(o) of the Texas Hold'em Poker Tournament Terms and Conditions. You must include rules for any consolation event to be held in conjunction with your regular tournaments. A worksheet is available to assist you in developing your tournament rules.

### 20. Pre-Registration Option

Will you be offering pre-registration?  Yes  No

If yes, section 7.01(b) of the Texas Hold'em Poker Tournament Terms and Conditions requires that procedures and rules for allowing prepaid entry fees be included in your tournament rules. Refer to the tournament rules worksheet for assistance.

### 21. Ticket Options

Will you be using two-part printed and numbered tickets?  Yes  No

If yes, refer to the application guide for ticket requirements.

## SECTION E: Reporting

22. We will advise you if you are required to submit financial report(s) for this tournament. 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 using electronic reporting (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

23. 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 Texas Hold'em Poker Tournament Terms and Conditions. We consent to the contact of the hired tournament pit boss and/or manager, indicated in #7 of this application, regarding tournament rules. *The president, tournament chair and alternate tournament chair must sign this application.*

### PRESIDENT:

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Print Name	Signature	Date
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### TOURNAMENT CHAIR:

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Print Name	Signature	Date
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### ALTERNATE TOURNAMENT CHAIR:

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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 Texas Hold'em Poker Tournament Guide.
- Ensure all executive and contact information is completed.
- Enclose your current bank statement.
- Enclose the facility rental agreement.
- Enclose information on special projects or programs identified as use of profit.
- Attach a copy of your tournament 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 800-215 Garry Street, Winnipeg, Manitoba R3C 3P3, by email to [gaminglicence@LGAmanitoba.ca](mailto:gaminglicence@LGAmanitoba.ca) or by fax to 204-954-9450.

## 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).



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