



CHASE THE ACE STYLE  
LOTTERY LICENCE  
(Please Complete Form in its Entirety)  
Please Print

FINANCE USE	OFFICE USE
Fee History:	License #:
	Approved By:
Date:	Date:

(1) Name and Address of Organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Email Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

(2) Ticket Single: 0 Ticket Series: 0 Start Date: \_\_\_\_\_ Draw Date: \_\_\_\_\_ Time of Draw: \_\_\_\_\_  
Premises and civic address at which ticket lottery draw(s) will be held: \_\_\_\_\_  
\_\_\_\_\_  
(3) Purpose of fundraising and intended use of revenue: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School Fundraising must be signed by the principal.  
\_\_\_\_\_  
(Printed) and Signature  
Principal's Name  
Charitable fundraising by a non-charitable group must be accompanied with confirmation from the charity.

(4) Explain the process to determine winner(s) of prizes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(5) Geographical area of ticket sales: \_\_\_\_\_  
(6) Applicants must describe the ticket lottery in detail by completing the section below. If more space is required use an additional sheet and attach to this application.

DESCRIPTION OF PRIZES	PRIZE VALUE	NO. OF DRAWS	NO. OF TICKETS PRINTED	PRICE PER TICKET OR GROUP OF TICKETS

(7) Estimated gross receipts from ticket sales: \_\_\_\_\_  
(8) Total value of prizes to be awarded: \_\_\_\_\_  
(9) Wages, salary or any other monetary consideration to be paid by the licensee:  
Description: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ = \_\_\_\_\_  
Description: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ = \_\_\_\_\_  
Description: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ = \_\_\_\_\_  
Note: Only payments disclosed hereon and approved by the SAO are permitted: Total: \_\_\_\_\_  
(10) Is your organization registered under the Society Act of NWT: Yes \_\_\_\_\_ No \_\_\_\_\_ - If yes, provide copy of registration.  
(11) How many members are in your organization? \_\_\_\_\_ Is there a junior membership? Yes \_\_\_\_\_ No \_\_\_\_\_

- (12) Are there shareholders? If yes, please list name(s), address(es) and telephone number(s):
- (13) What is the criteria for joining the organization?
- (14) Is there a membership fee? Yes No If yes, please state amount:
- (15) Does organization have elected executive: Yes No bylaws: Yes No Constitutions: Yes No  
Memorandum of Association: Yes No If yes, please attach a copy of each.
- (16) Has organization established a separate bank account for deposit of lottery funds realized from this and previous lottery programs?  
Yes No If yes, please provide name of financial institution where account is located and civic address:  
  
Type of Account:
- (17) If the total prize value offered for this ticket lottery program exceeds \$5,000.00, please provide a financial guarantee that the applicant has on deposit sufficient funds to cover the prize value.
- (18) Identify two representatives of applicant who will sign the application and be responsible for the conduct and management of the Ticket Lottery:  
  
1. Name: Title:  
Full Address:  
  
Postal Code: Home Tel: Work Tel:  
Email Address:  
  
2. Name: Title:  
Full Address:  
  
Postal Code: Home Tel: Work Tel:  
Email Address:
- (19) Applications must include the following documentation when requested by the Town. As part of the application process the Town may ask for any or all of the information requested in this section before the application can be approved.
  - Verification of charitable/religious status of the applicant - mandate/mission;
  - Resolution confirming the charitable/religious status of the applicant - mandate/mission;
  - Applicants may be required to submit to an interview with the Senior Administrative Officer; and
  - Applicants may be required to file additional information as determined by the Town.
  - All net receipts must be allocated and utilized by the charitable and religious organization for which the license is granted. Certification and confirmation of the disbursement of funds to the charitable/religious organization must be forwarded to the THR before any further applications for licenses on behalf of the same organization can be considered.

We and SOLEMNLY DECLARE:  
(Please print name)(Please print name)

1. I am authorized by the named charitable/religious organization named to make this application for a Chase the Ace Style Lottery Licence;

2. I am 19 or more years of age, and the information contained in the foregoing is, to the best of our knowledge, true and accurate;

3. That permission to hold the Chase the Ace Style Lottery referred above has been duly obtained from the charitable/religious organization, and we understand that written authorization may be requested.

4. That we, on behalf of the applicant organization, undertake to ensure that the net receipts from the above Chase the Ace Style Lottery will be used for charitable, religious or community objects or purposes.

5. And/

6. That we hereby agree that the Town of Hay River staff has the authority to inspect the conduct at any time during its occurrence.

7. That we hereby acknowledge that we have read and understand the provisions of the Chase the Ace Style Lottery Bylaw with respect to a Chase the Ace Style Lottery.

Signature of Applicant(s)

Date:

LICENSE FEES - Refer to Chase the Ace Style Lottery bylaw for current fees.