

Know the following before you apply:

- Authority to issue lottery scheme licences is contained in section 207(1)(b) of the *Criminal Code* of Canada, which provides that charitable or religious organizations may be licensed if proceeds are to be used for charitable or religious purposes.
- Before completing this application, read the terms and conditions for a casino licence. Submit this application **at least 2 weeks prior to the proposed casino advertising**. All advertisements of the casino games must state the licence number.
- **Licence fees:** The fee for a licence to run games of chance (a casino licence) is **\$5 for each gaming table** for each day the casino is licensed to run.

Supporting documentation checklist

- Copy of motion authorizing application.
- Copy of the house rules governing operation of casino.
- Schedule of games and prize payouts for each individual game to be played.
- Payment information form.
- Copy of equipment rental agreement (if applicable).

Questions? Email: charitablegaming@yukon.ca
Phone: 867-667-5111 (toll free in Yukon: 1-800-661-0408, ext. 5111)

Return your documents and fees to:

Mail: Professional Licensing and Regulatory Affairs, C-5
Box 2703, Whitehorse, Yukon Y1A 2C6

Courier or dropoff: Professional Licensing and Regulatory Affairs, C-5
307 Black Street, Whitehorse, Yukon Y1A 2N1



CASINO GAMES LICENCE APPLICATION

Choose one: Mail licence Hold licence for pickup

Confirm eligibility

We have completed the Eligibility for Gaming Licensing Questionnaire and Professional Licensing and Regulatory Affairs (PLRA) has confirmed our eligibility to apply for a lottery licence.

Organization details

Organization name

Address

Postal code

Is your society registered with Corporate Affairs and in good standing? Yes No

Banking information – Total revenue must be deposited to the bank account of the society and payment of all expenses and disbursements shall be made from this account.

Name of financial institution

Account number

Address of financial institution

Designated person information

Person organizing and running this casino. All future correspondence will be with this person.

Last name

First name

Email

Phone

Mailing address (if different from above)

City

Prov./terr.

Postal code

Country

Event details

Location at which casino is to be held

If not owned by organization, supply copy of rental agreement.

Name of location

Address

Rate per day

Gaming equipment

Attach copy of rental agreement for casino gaming equipment. Ownership of equipment must be identified in agreement by supplier.

Name of supplier

Name of equipment owner (if different from supplier)

Hours of operation

Date: _____ Hours: _____ to _____

Date: _____ Hours: _____ to _____

Date: _____ Hours: _____ to _____

Other proposed expenditures in connection with casino	1.		\$
	2.		\$
	3.		\$
	4.		\$
	5.		\$
	6.		\$
Number of games	Blackjack		
	Roulette		Outside
	Wheels of fortune		Inside
	Unalterable betting limits		to maximum:
Proposed use of proceeds			
Particulars of each charitable or religious donation. If any proceeds are to be used for travel, attach completed travel form.			

Signature and authorization

We, the undersigned president and treasurer, certify that the foregoing and all documents supplied are correct and that we have been authorized to make this application on behalf of the organization, and authorize any inspector of the Registrar of Lotteries to examine and make copies of all records relating to this application and any licence issued pursuant thereto including the casino account records at the financial institution referred to above and any other financial institutions or locations where such records may be held.

President name (print)

Treasurer name (print)

Signature

Signature

Phone

Phone

Email

Email