



Group Identification Number (GIN)

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# Application to Manage and Conduct a Loonie Progressive Game

Please ensure you have selected the required Rules of Play, and where noted, the applicable option below.

TYPE OF BINGO:  Rules of Play "A"  Rules of Play "B"

DESIGNATED NUMBER \_\_\_\_\_

DESIGNATED PATTERN \_\_\_\_\_

1. Please select a Minimum Prize option:

- a) Loonie Progressive "A"  No Minimum Prize  \$50.00 Minimum Prize  \$100.00 Minimum Prize
- b) Loonie Progressive "B"  No Minimum Prize  \_\_\_\_\_ (\$2,000 Maximum)

2. We, the undersigned, as two representatives of the \_\_\_\_\_, Name of Association/Charitable Organization, Bingo Sponsors' Association/Charitable Organization apply for a licence to manage and conduct a Loonie Progressive Bingo game on behalf of the charitable or religious groups named below.

3. The Loonie Progressive game licence period commences: \_\_\_\_\_ and the licence period ends: \_\_\_\_\_ in \_\_\_\_\_

Start date: YY MM DD  
End date: YY MM DD  
Name of bingo hall: \_\_\_\_\_  
Bingo hall registration number: \_\_\_\_\_ Street address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

4. List all regular bingo session start times at which the Loonie Progressive game is to be conducted. List additional sessions on an attached sheet.

| Time Slots |         |           |          |        |          |        |
|------------|---------|-----------|----------|--------|----------|--------|
| MONDAY     | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|            |         |           |          |        |          |        |

5. The total number of sessions for this application is \_\_\_\_\_ (26-week period maximum).
6. The cost to participate in the Loonie Progressive game will be:  \$1.00 OR  \$2.00 (CHECK APPROPRIATE BOX; SELECT ONLY ONE)
7. The net proceeds derived from the operation of the Loonie Progressive game will be divided periodically amongst all member organizations of the Bingo Sponsor's Association, as listed on the **Declaration** section of this application. Proceeds must be used for the charitable and religious purposes as approved on the licensee's regular bingo licence.

8. LICENCE FEE  
The licence fee calculation is: Total number of sessions during licence period in which Loonie Progressive is to be played: X \$2.00 = \$ Amount due

9. Designated Loonie Progressive Trust Account (Note: first time applicants must attach a "void" cheque from this account)

\_\_\_\_\_  
Name of Financial Institution where lottery funds are held Account number

\_\_\_\_\_  
Address City

**THE FOLLOWING MUST BE ATTACHED TO YOUR APPLICATION:**

- A COPY OF THE GAME SCHEDULE FOR THE REGULAR BINGO EVENT, CLEARLY IDENTIFYING THOSE GAMES WHERE THE LOONIE PROGRESSIVE GAME WILL BE MANAGED AND CONDUCTED;
- (FIRST TIME APPLICANTS ONLY) A SAMPLE COPY OF THE 2-PART TICKET.

# Declaration

We, as authorized principal officers of the charitable and religious organizations set out below, jointly and severally, hereby certify that:

- We have been authorized to make this licence application on behalf of the organization;
- We have read, understand and agree to comply with the Loonie Progressive Licence Terms and Conditions and all applicable Bingo Licence Terms and Conditions;
- We are responsible for the conduct and management of the Loonie Progressive Game, including services provided by Gaming Suppliers;
- All answers provided in this **Licence Application**, as well as all the information contained in the documents and materials submitted with it, are true and complete;
- We are responsible for ensuring that there are no contraventions of the law, including the **Criminal Code of Canada, Order in Council** and the **Gaming Control Act, 1992 and Regulations**;
- We understand that failure to fulfill these responsibilities is cause for denial of applications, cancellation or suspension of licences and may result in civil liability for and criminal prosecution of the Principal Officer, Designated Member in Charge and organization.

**Name of Participating Organization**

**Signature of Authorized Principal Officer**

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**Association Chairperson/Charity Representative**

**Association Secretary-Treasurer /Charity Representative**

Print name in full



Address

Home (     )     —

(     )     —

Home

Business (     )     —

Phone Number

(     )     —

Business

Fax (     )     —

(     )     —

Fax

|      |       |     |
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| Year | Month | Day |
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Date

|      |       |     |
|------|-------|-----|
| Year | Month | Day |
|      |       |     |

Signature



Witness