

3. EVENT DETAILS

Dates of Bingo(s): _____

Start Time: _____

End Time: _____

Location: _____

Cost of Cards: 6pack: \$ _____ 9pack: \$ _____ 12 pack: \$ _____ 15 pack: \$ _____

Others \$ _____ Early Bird Cards \$ _____ Bonanza Cards \$ _____

Minimum Purchase Required? NO YES – minimum purchase is _____ .

4. ESTIMATED COSTS ASSOCIATED WITH OPERATION OF BINGO:

Facility Rental: _____

Bingo Supplies: _____

Advertising: _____

Cost of Prizes for Regular Games: _____

5. PROPOSED USE OF PROCEEDS

Proceeds must be used for a charitable or religious purpose that advances a program or activity which will benefit the community at large. Please be as specific as possible.
If proceeds are to be used for travel, a completed travel itinerary form must be included with your application.

(You are required to keep all receipts for auditing purposes)

NOTE: Gaming proceeds shall not be applied to programs that are funded by government: i.e. grants. If there are terms and conditions for the use of these government funds, please provide the information with this application for review.

6. CHECKLIST

All Applications must include:

- Fees (\$10.00 per bingo event)
- Copy of Meeting Motion authorizing the event
- House Rules governing bingo (including early bird and bonanza rules)
- Game Schedule(s) outlining games, prizes, intermissions and door prizes
- Copy of facility rental agreement
- Travel Itinerary Form - required if proceeds are to be used for travel (form online)
- Prize Guarantee is required if the total retail value of the prizes for each bingo exceed \$5,000 (individual or banking institution form online)

For bingo applications with gross sales exceeding \$10,000.00 and choose to hire an accountant

Include Accountant Option Declaration

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

_____ President (Please Print)		_____ Treasurer (Please Print)	
_____ Signature		_____ Signature	
_____ Residence Number	_____ Business Number	_____ Residence Number	_____ Business Number

Important Note: Professional Licensing and Regulatory Affairs will **NOT** accept payment by email or fax.

Please make your cheque payable to Government of Yukon, or,
complete payment information form YG5924 at: <http://www.gov.yk.ca/forms/cs.html#>

Please return your documents and fees to:

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

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

Please contact Professional Licensing and Regulatory Affairs at 867-667-5111 or fax 867-667-3609
or e-mail PLRA@gov.yk.ca for inquiries.