



Manitoba Gaming Control Commission
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Bingo and Breakopen

APPLICATION GUIDE

- This information is provided to help you complete your application
- These instructions and/or explanations do not replace the *Bingo and Breakopen Terms and Conditions*
- Please allow 4-6 weeks for us to process your application
- **NO PAYMENT IS REQUIRED WITH YOUR APPLICATION**

SECTION A: Organization Information -This information will help us determine if your organization is eligible for a licence and to obtain important contact information.

1. **MGCC Licence #/Type:** If your organization was licensed in the past, include the licence number and the type of event(s) for which you were licensed.
2. **NAME OF ORGANIZATION:** Must be the full legal name of the organization.
3. **ADDRESS:** Include your organization's full street address and the full mailing address (if different).
4. **BACKGROUND INFORMATION:** First time applicants and organizations who have not been licensed in over three years, must complete sections A to D **and** provide the following supporting documents with the application: charter; constitution and by-laws; articles of incorporation (and most recent corporate annual return); minutes of most recent annual general meeting; membership list; most recent financial statement; and bank statements.
 - All documents being provided must be in the name of the applicant organization.
 - Further or additional documentation may be requested.
5. **CURRENT EXECUTIVE:** This list must include complete information regarding your elected executive. If the titles are not consistent with the titles you use, please feel free to indicate the actual organizational title (i.e. Grand Knight rather than President).
 - Full home mailing addresses and both business and home telephone numbers must be included.
 - Each person must know this personal information is being included on the application to be used for the Commission's purposes only, and each individual must be prepared to respond to any inquiries regarding this application.
6. **BINGO and BREAKOPEN CHAIRPERSON & CONTACT:** The chair and mailing contact information must be included to ensure we communicate with the individual(s) from your organization who are responsible for your licensed event(s).

SECTION B: Financial Information -This section will tell us about your financial plan for the operation of the bingo and/or breakopen event(s), and gives us details about your organization's general financial situation.

7. **ESTIMATED EXPENSES:** This section requires you to provide your budgeted expenses to operate Bingo and/or Breakopen events. Choose per event] if you are applying for single events. Choose per month] per year] if you are applying for ongoing events. Use this period for all estimated expenses identified throughout this section. In the example we have given in (A to F) below, we have used a licensee who operates ongoing weekly events (4 events per month).

A) Wages – If you will be paying wages, you must identify each position for which you pay wages and include the number of people in that position each event. Total that amount for the appropriate period you are using. Example: You pay the caller \$50 per event, and 4 checkers \$10 each per event; therefore you would specify:

Caller x (1) x \$50 x 4	=	\$200.00
Checkers x (4) x \$10 x 4	=	\$160.00

Please indicate whether amounts for sections B through F either per: Event Month Year
Use this period for all estimated expenses identified throughout this section.

B) Promotions – Identify each promotional prize. Example: You give away door prizes valued at \$20 per event and you have budgeted \$100 monthly for promotional items based on themes such as Mothers day, Valentines Day, etc.; therefore you would specify:

Door Prizes	=	\$80.00
Promotional/Theme Items	=	\$100.00

C) Facility Rental – Identify the rent paid for the facility in which you operate your events. If your organization owns the facility in which you operate events, **do not** include rent as an expense. If you pay rent to operate your events in a publicly-owned facility (i.e. owned by another charitable organization), that amount will not be used in the calculation for allowable expenses. For those organizations wishing to sell breakopen tickets in privately-owned premises (i.e. a booth in a mall), the amount paid to a commercial entity will be used in the calculation for allowable expenses for breakopen. (Note: Expenses cannot exceed 10% of gross revenue for Bingo and 7.5% of gross revenue for Breakopen.)

D) Advertising – Identify each media used and the amount for all advertising for the period. If you use mobile signs, or any other form of advertising, include them in this section. Example: you wish to advertise weekly in a community newspaper at a cost of \$18.00 per ad, therefore you would specify:

The Local Times	=	\$72.00	(Calculation: \$18.00 x 4 ads)
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E) Professional Services – Identify **only** those professional services used specifically for your bingo or breakopen operations. The type of service provided and the name of the supplier should be included. These service suppliers may need to be registered by the MGCC, and we may contact you for more information. Example: If your organization has hired or has contracted with a professional bingo manager to assist you in the operation of your events for \$200 per event, you would specify:

Bingo Management Services	Frank Lee	\$800.00	(Calculation: \$200 x 4 events)
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F) Other Expenses – Please specify each item. This area could include such things as:

- bingo equipment rental, purchase or maintenance costs
- costs associated with volunteer appreciation (in lieu of wages) or,
- any other cost related to the operation of your event(s).

8. HOW WILL THE PROFITS BE USED? This section requires you to give specific details on how the profits (after expenses and prizes) from the bingo and/or breakopen lottery will be spent. Please be specific in identifying the actual end-use of your funds – **who will a cheque be made out to?** (e.g. use *utilities* or *property taxes*, **not** *ongoing operating expenses*). Supporting documentation, such as a budget or financial plan, should be provided for any special project or program.

9. EXPECTED DATE OF FULL DISBURSEMENT OF PROFITS: Please specify the date that all profits will be used in the areas you have identified in # 8 above. This question **must** be answered if:

- you are an ongoing licensee with a long-term special project you are saving for or,
- you are applying for a single event or a limited series of events.

Special reporting will be required for funds held outside of your lottery account or, if funds will be held for more than 60 days after you cease operating. A detailed plan may be requested for long-term projects (e.g. construction of a new building).

10. DOES YOUR ORGANIZATION HAVE CURRENT FUNDS TO COVER ALL PRIZES OFFERED? This section asks you to provide a guarantee that all prizes offered will be awarded as promised, regardless of the revenue made at the event. The Commission may ask for additional confirmation if deemed necessary.

- A current bank statement showing a balance equal to or greater than the total cost of all prizes can be provided.
- If your organization does not have sufficient funds, an irrevocable standby letter of credit (sample available upon request), or bank draft is required.

11. LOTTERY BANK ACCOUNT: A separate lottery **chequing** account must be used to deposit all revenue. If you hold both Bingo and Breakopen licenses, you may use just one bank account, but separate deposits must be made for each. You **may not** transfer lottery revenue into any of your organization's general operating accounts.

SECTION C: Bingo and Breakopen Event Information:-This section will give us information about your bingo and/or breakopen event(s) schedule and location.

12. EVENT SCHEDULE AND LOCATION: Select **Ongoing** if you do not have a planned end date and want to operate weekly, bi-weekly or monthly events; Select **Limited Series** if you have a start and end date and you want to operate weekly, bi-weekly or monthly events within that specific period; Select **Single** event for all one day events. The example provided below shows an organization applying for a limited series of Bingo and Breakopen events to be held from July 5th to December 15th on a weekly basis every Sunday (1:00 pm to 4:00 p.m.) and every Wednesday (7:00 pm to 11:00 pm) at the same location.

Licence Type	Event Type and Frequency		Event Day(s)	Event Time		Event Location
				Start	End	
Event #1 <input checked="" type="checkbox"/> Bingo <input checked="" type="checkbox"/> Breakopen	<input type="checkbox"/> Ongoing	<input checked="" type="checkbox"/> Weekly	<input type="checkbox"/> Sunday →			ABC Community Club
		<input type="checkbox"/> Bi-weekly Start: _____ (Date)	<input checked="" type="checkbox"/> Monday →	1 pm	4 pm	Building Name.↓
		<input type="checkbox"/> Monthly	<input type="checkbox"/> Tuesday →			123 Main Street
	<input checked="" type="checkbox"/> Limited Series From: <u>July 5/04</u> To: <u>Dec. 15/04</u>	<input type="radio"/> 1 st wk <input type="radio"/> 2 nd wk <input type="radio"/> 3 rd wk <input type="radio"/> 4 th wk <small>(choose one from above)</small>	<input checked="" type="checkbox"/> Wednesday →	7 pm	11 pm	Anytown, Manitoba
		<input type="checkbox"/> Single Event Date: _____	<input type="checkbox"/> Thursday →			Building Address.↓
			<input type="checkbox"/> Friday →			Community
		<input type="checkbox"/> Saturday →			Building Owner.↓	

If this organization is **also** applying for a Breakopen licence to operate [Ongoing] (no end date) weekly Sunday events at a **different** location, they would use **Event #2**, select only [Breakopen], complete the information across as required, and include the different event location information. You may attach a separate sheet to apply for more than 3 **different** events. Please feel free to attach a schedule if you have an irregular schedule (i.e. breakopen tickets sold at all home games in your arena) or, if you are not able to complete this section.

- **The Start Time MUST BE the time at which you intend to open the doors and start to conduct any part of your event (including pre-calling bonanza numbers, selling paper, etc.).** You cannot pre-call numbers prior to your event start time, or prior to the time in which patrons are allowed in.

13. CLOSED PERIODS: You must identify any specific period(s) of time where you do not intend to operate events within your schedule (i.e. summer closures, Christmas Day, etc.). You must notify us prior to any subsequent closures by submitting a Licence Amendment Request Form.

14. PARTNERSHIPS OR ASSOCIATIONS: If you have formed a partnership or association with any other organization(s), please identify them in this section. Organizations are limited to holding or participating in the operation of a maximum of five (5) Bingo events per week.

SECTION D: *Bingo Program and Product Information* -This section will provide specific information about your bingo games, house rules and product used. The Commission uses this section to determine whether you are conducting appropriate games, and that the rules and criteria are clearly communicated to players.

15. GAME PROGRAM and HOUSE RULES: You must attach the game program you will be providing to your players. It should clearly identify the games played and the prizes offered and must include your own house rules, as specified in 7.01 of the Terms and Conditions. Your organization's name, licence number(s) and event start time should also be on your program.

16. SHARED ACCUMULATOR: This section should be completed only if you belong to a group of licensees who offer a prize which accumulates and could be won at any one of the individual events.

17. BINGO PRODUCT: You must list all product offered for sale at your event(s). The product code, product description, the game(s) played on them, and the price charged for each must be identified. Please be sure you have included ALL PRODUCT you wish to use, as errors or omissions will cause problems when placing product orders with the Manitoba Lotteries Corporation.

Examples:

Product	Product Description	Game Played with this Product	Selling
Single Sheets:			
062	3 TV Jackpot Strip-Green	Jackpot Special	\$1.00
052	3 TV Loose Sheet M-Lime	Loonie Pot	\$1.00

18. ADDRESS WHERE RECORDS ARE KEPT: You must retain all records pertaining to your licensed events for a period of three years.

19. PERSONAL DELIVERY OF NOTICES: The individual's name and a physical address to where we can hand-deliver any important notices regarding your licence must be provided.

20. CERTIFICATION: Signatures of the president and one other executive member listed on page one of your application, are required. Both people must read the certification area and the ***Bingo and Breakopen Terms and Conditions*** before signing the application.

**IF YOU WOULD LIKE FURTHER INFORMATION ON OUR APPLICATION REQUIREMENTS, OR IF YOU WOULD LIKE EVENT OR REPORTING TRAINING, PLEASE CONTACT US AT:
954-9400 or 1-800-782-0363**

Did you remember to:

- Enclose all background documentation as described in #4 of the application and guide.
- Ensure all Executive and Contact Information is complete in #5 & #6.
- Include your most current bank statement.
- Enclose information on special projects or programs identified as 'use of profit' in #8.
- Attach a copy of your game program and house rules.
- Provide two appropriate signatures on the bottom of page 4 of the application.
- Retain a copy of this application and all supporting documentation for your records.



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APPLICATION FOR:

BINGO

BREAKOPEN

Allow 4 – 6 weeks for processing

PLEASE REFER TO THE APPLICATION GUIDE TO HELP YOU COMPLETE THIS APPLICATION

SECTION A: Organization Information

1. MGCC LICENCE #: Previous Licence Type:

Bingo	Breakopen	Raffle	Other: _____
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(If previously licensed) (circle any or all that apply) (indicate type)

2. FULL NAME OF ORGANIZATION:

3. STREET ADDRESS
and Street – or – Box # City/Town Postal Code

MAILING ADDRESS (IF DIFFERENT)

4. BACKGROUND INFORMATION: If your organization has never been licensed by the MGCC; has not been licensed for more than 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 (A) to (D)** below:

(A) Date organization was established (MM/DD/YY) (B) Date of Incorporation (if applicable) (MM/DD/YY) (C) Total Number of Members

(D) ORGANIZATION'S MANDATE OR OBJECTIVES: _____

5. CURRENT ELECTED EXECUTIVE OF YOUR ORGANIZATION: <i>(Please print)</i>				Telephone Numbers	
Title	Name	Home Mailing Address	Postal Code	Business	Home
President					
Vice-President					
Secretary					
Treasurer					

6. CONTACT INFORMATION:

Bingo Chair:		Fax:	E-mail:
*Bingo Mailing: <small>(*if different from Bingo Chair)</small>		Fax:	E-mail:
Breakopen Chair:		Fax:	E-mail:
*Breakopen Mailing: <small>(*if different from Breakopen Chair)</small>		Fax:	E-mail:

SECTION B: Financial Information

7. ESTIMATED EXPENSES:

A) Wages: No wages paid at our event(s) - OR -

POSITION	# PER EVENT	X	\$(Wage) PER EVENT	X	# OF EVENTS	=	TOTAL FOR MONTH or EVENT
Caller		X	\$	X		=	\$
Checker(s)		X	\$	X		=	\$
Seller(s)		X	\$	X		=	\$
Chairperson(s)		X	\$	X		=	\$
Total for Wages =							\$

Amounts for sections B through F are per: Event Month Year

B) Promotions:

Estimate all promotional items or prizes (including cash) you intend to give away at your event(s) including door prizes, good neighbour, king/queen prizes and customer appreciation items (i.e. 'roses' on mothers' day, etc.)		=	\$
		=	\$
		=	\$
		=	\$

C) Facility Rental:

Rent paid to operate in a publicly-owned facility (If any) = \$

ALLOWED FOR BREAKOPEN ONLY Please include rent paid to commercial entity (if any) = \$

D) Advertising:

Specify each media used		=	\$
		=	\$

E) Professional Services:

Refer to the guide to assist in identifying which services should be included.		=	\$
		=	\$
		=	\$

F) Other Expenses:

(Specify)		=	\$
		=	\$

8. USE OF PROFITS:

BE SPECIFIC and ATTACH INFORMATION FOR SPECIAL PROJECTS

% for each

1.		%
2.		%
3.		%
4.		%

How will the profits be used? i.e., charitable donations, utilities, property taxes, etc. (Attach a separate page if required) **TOTAL 100%**

9. EXPECTED DATE OF FULL DISBURSEMENT OF PROFITS:

(Please refer to the application guide to assist in this area).

10. DOES YOUR ORGANIZATION HAVE CURRENT FUNDS TO COVER ALL PRIZES OFFERED?

YES Provide a copy of your organization's most current bank statement.

NO Provide an *Irrevocable Standby Letter of Credit* or *bank draft* from a financial institution.

11. LOTTERY BANK ACCOUNT(S):

A separate account must be used to deposit all revenue and make all cheques for expenses and disbursements.

Account Number(s):	
Name of Financial Institution [↑]	Combined:
Branch Address [↑]	Bingo:
	Breakopen:

SECTION C: *Bingo and/or Breakopen Event Information*

12. EVENT SCHEDULE AND LOCATION: (Refer to guide for assistance and attach a separate page if you are applying for an irregular schedule of events or for additional events) **(See Guide) ↓**

Licence Type	Event Type and Frequency		Event Day(s)	Event Time		Event Location
				Start	End	
Event #1 <input type="checkbox"/> Bingo <input type="checkbox"/> Breakopen	<input type="checkbox"/> Ongoing	<input type="checkbox"/> Weekly	<input type="checkbox"/> Sunday →			
		<input type="checkbox"/> Bi-weekly Start: _____ <small>(Date)</small>	<input type="checkbox"/> Monday →			Building Name ↓
		<input type="checkbox"/> Monthly	<input type="checkbox"/> Tuesday →			
	<input type="checkbox"/> Limited Series From: _____ To: _____	<input type="radio"/> 1 st wk <input type="radio"/> 2 nd wk <input type="radio"/> 3 rd wk <input type="radio"/> 4 th wk <small>(choose one from above)</small>	<input type="checkbox"/> Wednesday →			Building Address ↓
	<input type="checkbox"/> Single Event Date: _____		<input type="checkbox"/> Thursday →			
			<input type="checkbox"/> Friday →			
			<input type="checkbox"/> Saturday →			Building Owner ↓
Event #2 <input type="checkbox"/> Bingo <input type="checkbox"/> Breakopen	<input type="checkbox"/> Ongoing	<input type="checkbox"/> Weekly	<input type="checkbox"/> Sunday →			
		<input type="checkbox"/> Bi-weekly Start: _____ <small>(Date)</small>	<input type="checkbox"/> Monday →			Building Name ↓
		<input type="checkbox"/> Monthly	<input type="checkbox"/> Tuesday →			
	<input type="checkbox"/> Limited Series From: _____ To: _____	<input type="radio"/> 1 st wk <input type="radio"/> 2 nd wk <input type="radio"/> 3 rd wk <input type="radio"/> 4 th wk <small>(choose one from above)</small>	<input type="checkbox"/> Wednesday →			Building Address ↓
	<input type="checkbox"/> Single Event Date: _____		<input type="checkbox"/> Thursday →			
			<input type="checkbox"/> Friday →			
			<input type="checkbox"/> Saturday →			Building Owner ↓
Event #3 <input type="checkbox"/> Bingo <input type="checkbox"/> Breakopen	<input type="checkbox"/> Ongoing	<input type="checkbox"/> Weekly	<input type="checkbox"/> Sunday →			
		<input type="checkbox"/> Bi-weekly Start: _____ <small>(Date)</small>	<input type="checkbox"/> Monday →			Building Name ↓
		<input type="checkbox"/> Monthly	<input type="checkbox"/> Tuesday →			
	<input type="checkbox"/> Limited Series From: _____ To: _____	<input type="radio"/> 1 st wk <input type="radio"/> 2 nd wk <input type="radio"/> 3 rd wk <input type="radio"/> 4 th wk <small>(choose one from above)</small>	<input type="checkbox"/> Wednesday →			Building Address ↓
	<input type="checkbox"/> Single Event Date: _____		<input type="checkbox"/> Thursday →			
			<input type="checkbox"/> Friday →			
			<input type="checkbox"/> Saturday →			Building Owner ↓

13. Identify any period of time you will not operate your events as above: (i.e. July 1 to-Aug 31 or Christmas Day, New Years Day)

Closed Periods: 1. _____ to _____ 2. _____ to _____
(MM/DD/YY) (MM/DD/YY) (MM/DD/YY) (MM/DD/YY)

Closed Dates: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

(You must notify us prior to any closure **not identified here** by submitting a Licence Amendment Request Form)

14. Are you operating your event(s) in partnership or in association with any other organization?

NO YES → If YES, list all organizations involved and attach any contract or partnership agreement to this application:

Organization Name	Organization Name
1.	3.
2.	4.

SECTION D: *Bingo Program and Product Information*

15. ATTACH A COPY OF YOUR GAME PROGRAM and HOUSE RULES

16. Is a shared accumulator part of your program? NO YES If yes, list all licensees involved:

Licence Number	Organization Name

