



Manitoba Gaming Control Commission
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MEDIA BINGO APPLICATION GUIDE

- This information is provided to help you complete your application
- These instructions and/or explanations do not replace the *Media Bingo 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 within the past 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 information 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. **MEDIA BINGO CHAIRPERSON & MAILING 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).
7. **ADDRESS WHERE RECORDS ARE KEPT:** You must retain all records pertaining to your licensed events for a period of three years.
8. **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.

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

9. **ESTIMATED EXPENSES:** This section requires you to provide your budgeted expenses to operate this media bingo event. Choose [per event] if you are applying for single events. Choose [per month] if you are applying for ongoing events. Use this period for all estimated expenses identified throughout question #9. In all examples provided below (A to H), we have used a licensee who operates ongoing weekly events (4 events per month).
(#9 continued on next page...)

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 2 checkers \$10 each per event; therefore you would specify:

CALLER x (1) x \$50 x 4 = \$200.00
CHECKERS x (2) x \$10 x 4 = \$80.00

B) Promotions – Identify each promotional prize. Example: You have budgeted \$100 monthly for promotional items based on themes such as Mothers day, Valentines Day, etc.; therefore you would specify:

Promotional/Theme Items = \$100.00

C) Facility Rental / Air Time Fees / Publication Space Fees – Identify any of: rent paid for the facility; media air time in which you operate your events; or publication in which you post your media bingo numbers for play. If your organization owns the facility or the media outlet in which you operate events, **do not** include rent as an expense.

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)

E) Professional Services – Identify **only** those professional services used specifically for your media bingo 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 media bingo manager to assist you in the operation of your events for \$200 per event, you would specify:

Media Bingo Management Services Frank Lee \$800.00 (Calculation: \$200 x 4 events)

F) Media Bingo Product Supplier – Identify the supplier from which you purchase your media bingo product. If you do not purchase media bingo product from the Manitoba Lotteries Corporation, **the supplier you use must be registered with the MGCC and the product itself must meet technical integrity approval.** If you do purchase product from the MLC, simply check the appropriate box, and continue to include your cost of product for the identified period (per event or per month).

G) Sales Commissions - Identify all individuals or retail outlets who assist in selling your media bingo product, and identify the commissions paid to each (if any). Please attach a list if more space is required.

H) Other Expenses – Please specify each item. This area could include such things as:

- Media bingo equipment rental, purchase or maintenance costs
- Costs associated with stamping and/or packaging product
- Costs associated with volunteer appreciation (in lieu of wages) or,
- Any other cost related to the operation of your event(s).

10. HOW WILL THE PROFITS BE USED? This section requires you to give specific details on how the profits (after expenses and prizes) from the media bingo 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.

11. EXPECTED DATE OF FULL DISBURSEMENT OF PROFITS: Please specify the date that all profits will be used in the areas you have identified in #10 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).

12. 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.

13. LOTTERY BANK ACCOUNT: A separate lottery *chequing* account must be used to deposit all revenue. If you hold both regular hall bingo and media bingo licences, 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. See #11 above for special reporting requirements for funds held for long-term projects.

14. ACCOUNTING PROCEDURES: Please be specific in describing each of the required procedures and methods you wish to use to ensure financial, inventory and prize accountability. You must also attach any forms or records you intend to use to support the stated procedures.

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

15. EVENT SCHEDULE AND LOCATION: Identify the type of Media Bingo you want to operate. 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 Media Bingo events to be held from July 5th to December 15th on a weekly basis every Monday (1:00 pm to 2:00 p.m.) and every Wednesday (7:00 pm to 8:00 pm) from the same location.

Event Type and Frequency			Event Day(s)	Event Time		Media Outlet / Event Location
				Start	End	
<input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Other: _____	<input type="checkbox"/> Ongoing	<input checked="" type="checkbox"/> Weekly	<input type="checkbox"/> Sunday →			Local Cable
		<input type="checkbox"/> Bi-weekly Start: _____ (Date)	<input checked="" type="checkbox"/> Monday →	1 pm	2 pm	Building Name ↓
		<input type="checkbox"/> Monthly	<input type="checkbox"/> Tuesday →			123 Main Street
	<input checked="" type="checkbox"/> Limited Series From: July 5/04 To: Dec. 15/04	<input type="radio"/> 1 st wk <input type="radio"/> 2 nd wk <input type="radio"/> 3 rd wk <input type="radio"/> 4 th wk (choose one from above)	<input checked="" type="checkbox"/> Wednesday →	7 pm	8 pm	Anytown, Manitoba
			<input type="checkbox"/> Thursday →			Building Address ↓
			<input type="checkbox"/> Friday →			Community
<input type="checkbox"/> Single Event Date: _____			<input type="checkbox"/> Saturday →			Building Owner ↓

You may attach a separate sheet to apply for **different** event types or frequencies, or if you are applying for multiple single events or an irregular schedule of events.

For televised or radio Media Bingo events, the ‘Start Time’ MUST BE the time at which you intend to start any part of your event and you MUST NOT pre-call numbers off-air.

16. 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.

17. 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 (Media and Regular Hall Bingo included in calculation) per week.

SECTION D: Media Bingo Program and Product Information -This section will provide specific information about your media 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.

18. GAME PROGRAM and HOUSE RULES: You must attach or provide the game program you will be using. It should clearly identify the games played and the prizes offered (including how any accumulator prizes increase) 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 time when the actual numbers are called, should also be on your program.

19. MEDIA BINGO PRODUCT: You must list all product(s) offered for sale at your event(s). The product code, product description, the game(s) played, and the selling price for each must be listed on this application. 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 Code	Product Description	Game Played with this Product	Selling Price
#091	Bonanza Triple Media (Blue)	Wee House into Full House Game	\$3.00
#085	Bonanza Single Media (Blue)	Wee House into Full House Game	\$1.00

20. SAMPLE IMPRINTING AND SAMPLE PRODUCT: If you are a first-time applicant, please include a sample of what you intend to include on a stamp OR imprint on your products. If you are being re-licensed, simply enclose an imprinted product sample.

21. CERTIFICATION: Signatures are required of the president and one other executive member listed on page 1 of your application. Both people must read the certification area and the **Media Bingo 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**

**A COMPLETE AND ACCURATE APPLICATION PACKAGE
WILL ALLOW FOR A QUICKER REVIEW PROCESS**

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.
- Enclose information on special projects or programs identified as 'use of profit' in #10.
- Include your most current bank statement (#12).
- Attach a copy of your game program and house rules, or provide it in #18.
- Provide a sample imprint for your product (#20) or enclose a sample of your imprinted product.
- Provide two appropriate signatures on the bottom of page 4 (#21) of the application.
- Retain a copy of this application and all supporting documentation for your records.

SECTION B: Financial Information

9. ESTIMATED EXPENSES: All amounts given in section A to G are: per Event OR per Month

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

POSITION	# PER EVENT	X	\$(Wage) PER EVENT	X	# OF EVENTS	=	TOTAL FOR MONTH or EVENT	
Caller		X	\$	X		=	\$	
Phone/Checker		X	\$	X		=	\$	
Seller		X	\$	X		=	\$	
Chairperson		X	\$	X		=	\$	
		X	\$	X		=	\$	
<input type="checkbox"/> Other-(Please specify position)							Total for Wages =	\$

B) Promotions: _____ = \$
 (Provide details of each) _____ = \$

C) Facility Rental **Air Time Fees** **Publication Space Fees**
 Paid to: _____ = \$

D) Advertising: _____ = \$
 Specify each media used for Advertising of your events. _____ = \$

E) Professional Services: _____ = \$
 Refer to the guide to assist in identifying which services should be included. _____ = \$

F) Media Bingo Product Supplier Manitoba Lotteries Corporation _____ = \$
 Other Supplier (Identify): _____ = \$

G) Sales Commissions: _____ = \$
 (Provide details of each) _____ = \$

H) Other Expenses: _____ = \$
 (Specify) _____ = \$

TOTAL ESTIMATED EXPENSES = \$

10. HOW WILL THE PROFITS BE USED? BE SPECIFIC and ATTACH INFORMATION FOR SPECIAL PROJECTS	% for each
1.	%
2.	%
3.	%
4.	%
(Attach a separate page if required)	TOTAL = 100%

11. EXPECTED DATE OF FULL DISBURSEMENT OF PROFITS: _____
 (Please refer to the application guide to assist in this area)

12. 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.

13. LOTTERY BANK ACCOUNT(S): A separate lottery chequing account must be used to deposit all revenue and make all cheques for expenses and disbursements.		Account Number(s):
	Name of Financial Institution ↑	Media Bingo:
	Branch Address/Postal Code ↑	Other: Explain:

14. MEDIA BINGO ACCOUNTING PROCEDURES:
 Please provide a complete explanation of the following and attach all sales/distribution/inventory forms you intend to use:

(a) **Method of distributing and selling media bingo paper:** _____

(b) **Method of handling unsold media bingo paper:** _____

(c) **Method of collecting and recording receipts:** _____

(d) **Method of prize payout and recording of payment:** _____

(e) **Procedure for dealing with unclaimed prizes:** _____

SECTION C: Media Bingo Event Information

15. 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 single events)

Event Type and Frequency			Event Day(s)	Event Time		Media Outlet / Event Location
				Start	End	
<input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Other: _____ (please specify)	<input type="checkbox"/> Ongoing	<input type="checkbox"/> Weekly	<input type="checkbox"/> Sunday →			
		<input type="checkbox"/> Bi-weekly Start: _____ (Date)	<input type="checkbox"/> Monday →			Building Name ↑
	<input type="checkbox"/> Limited Series From: _____ To: _____ <input type="checkbox"/> Single Event Date: _____	<input type="checkbox"/> Monthly <input type="radio"/> 1 st wk <input type="radio"/> 2 nd wk <input type="radio"/> 3 rd wk <input type="radio"/> 4 th wk (choose one from above)	<input type="checkbox"/> Tuesday →			
			<input type="checkbox"/> Wednesday →			Building Address ↑
			<input type="checkbox"/> Thursday →			
		<input type="checkbox"/> Friday →				
		<input type="checkbox"/> Saturday →				

16. 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)

17. Are you operating your event(s) in partnership or in association with any other organization? NO YES
 If YES, list organizations involved and attach any contract or partnership agreement to this application:

1.		2.	
3.		4.	

SECTION D: Media Bingo Program and Product Information

18. Copy of GAME PROGRAM and HOUSE RULES attached - OR - Complete the following:

GAME PROGRAM: (Describe in detail every game, criteria to win and the prizes offered, include any accumulating pots)

Game #	Game Name and Description	Prize

HOUSE RULES: (Please describe)

a) How players may obtain a recap of Bingo numbers called: _____

b) Criteria attached to winning of any game or prize: _____

c) Method and time limit to declare a possible winner: _____

d) Method and time limit to claim the prize: _____

e) Procedure for handling media transmission or telephone problems: _____

(attach any additional information or other house rules as required)

19. List Product(s) used for your Media Bingo Event(s):

Product Code	Product Description	Game Played with this Product	Selling Price

20. Actual Product Sample Attached (for renewals)
 - OR -

Indicate in this box, the contents of the imprinting to be used on the media bingo paper (Refer to section 5.10 of Media Bingo Terms and Conditions) ⇒

21. **CERTIFICATION:** We, the undersigned, hereby certify on behalf of the organization that the information furnished on this application, including all supporting documents, is true and correct and that we have read, understand and agree to abide by the Terms and Conditions effective July 1, 2005:

(The President and one other executive member must sign this application)

TITLE	SIGNATURE	DATE
PRESIDENT⇒		(MM/DD/YY)
(specify title)		(MM/DD/YY)

RETAIN A COPY OF THIS APPLICATION FOR YOUR RECORDS