



Manitoba Gaming Control Commission
 800-215 Garry Street
 Winnipeg, Manitoba R3C 3P3
 Telephone: (204) 954-9400 Toll Free: 1-800-782-0363
 Fax: (204) 954-9450 Toll Free **Fax**: 1-866-999-6688
 Website: www.mgcc.mb.ca E-mail: licensing@mgcc.mb.ca

MONTE CARLO Application

Allow 4 – 6 weeks for processing

NAME OF ORGANIZATION _____

ADDRESS _____

POSTAL CODE _____

BACKGROUND INFORMATION:

Previous MGCC or MLC Licences: Bingo # _____ Breakopen # _____ Other # _____

Date Organization established: _____ Incorporated: Yes No

If not previously licensed by the Manitoba Gaming Control Commission or Manitoba Lotteries Corporation, a copy of your organization's charter, constitution or by-laws, articles of incorporation and financial statements must be included with application.

Provide a summary description of your organization, stating activities and benefit to the community. Activities should benefit the community at large rather than the self-interest of the membership.

Total number of current members in your organization _____

List current executive of your organization: (Please print)

	Name	Home Mailing Address	Postal Code	Telephone	
				Bus.	Res.
President	_____	_____	_____	_____	_____
Vice-President	_____	_____	_____	_____	_____
Secretary	_____	_____	_____	_____	_____
Treasurer	_____	_____	_____	_____	_____
Monte Carlo Chairperson	_____	_____	_____	_____	_____
Mailing Contact (If different from Chairperson)	_____	_____	_____	_____	_____

HOW WILL THE **PROFITS** FROM THIS LOTTERY BE USED? (SPECIFY IN DETAIL)

1. _____
2. _____
3. _____

Show percentage of profits to be used for each

_____%
 _____%
 _____%

Attach appendix if required

TOTAL 100%

THIS MONTE CARLO WILL BE HELD ON: _____ From: _____ To: _____
 (Dates) (Time)

IN CONJUNCTION WITH WHAT EVENT: _____

at: _____
 (Name and Address of building or location)

THIS BUILDING/LOCATION IS OWNED BY: _____

ESTIMATED EXPENSES TO OPERATE THIS LOTTERY:

Service Supplier _____	\$ _____
Equipment Rental _____	\$ _____
Wages _____	\$ _____
Advertising _____	\$ _____
Other (Specify) _____	\$ _____
TOTAL	\$ _____

Number of Blackjack Tables: _____ (Maximum of 4)
Number and Type of Wheels: _____ Money Wheel
_____ Crown & Anchor
_____ Over & Under
_____ Other (Explain): _____
TOTAL NUMBER OF GAMES: _____
TYPE OF CURRENCY TO BE USED: Silver Chips Play Money

MUST BE 18 AND OVER TO PLAY
MAXIMUM BETTING LIMIT \$1.00
A FEE OF \$5.00 PER GAME/PER DAY SHALL ACCOMPANY THIS APPLICATION

LOTTERY BANK ACCOUNT

A separate lottery account must be established for deposit of total revenue and from which all expenses and disbursements for approved objectives shall be made by cheque.

Name and Address of Financial Institution Lottery Account Number

AT WHAT ADDRESS ARE YOUR RECORDS PHYSICALLY KEPT?

Address: _____

TO WHOM, AND TO WHAT ADDRESS WOULD IMPORTANT NOTICES BE HAND-DELIVERED?

Name: _____ Address: _____

CERTIFICATION: SIGNATURES OF TWO (2) PRINCIPAL OFFICERS ARE REQUIRED.

We, the undersigned, hereby certify on behalf of the organization that the information furnished is true and correct and that we have read and understand the terms and conditions applicable to this lottery scheme.

_____	SIGNATURE	_____
_____	PRINT NAME	_____
_____	OFFICE HELD	_____
_____	ADDRESS	_____
_____	POSTAL CODE	_____
RES. _____	BUS. _____	TELEPHONE RES. _____ BUS. _____

SEND COMPLETED APPLICATION TO:

Manitoba Gaming Control Commission
800 - 215 Garry Street
Winnipeg, Manitoba
R3C 3P3

LICENSING INQUIRIES OR ASSISTANCE:

Telephone: (204) 954-9400
Toll Free: 1-800-782-0363
Toll Free **Fax:** 1-866-999-6688

WRITTEN APPLICATION MUST BE MADE TO THE MANITOBA GAMING CONTROL COMMISSION FOR APPROVAL OF ANY PROPOSED CHANGES