



**Manitoba Gaming  
Control Commission**

800-215 Garry Street  
Winnipeg, Manitoba R3C 3P3  
(204) 954-9400 or 1-800-782-0363  
Fax  
(204) 954-9450 or 1-866-999-6688  
www.mgcc.mb.ca

**LICENCE AMENDMENT  
REQUEST FORM**

Allow 2 – 4 weeks for processing

~ Proposed changes **MUST NOT** be implemented without MGCC's signed approval ~

Name of Organization (Please Print) \_\_\_\_\_

Address \_\_\_\_\_

City / Town \_\_\_\_\_

Postal Code \_\_\_\_\_

Licence Number: \_\_\_\_\_ Lottery Type:  BINGO  BREAKOPEN  RAFFLE  Other: \_\_\_\_\_

~ Complete **ONLY** those areas below requiring **CHANGES** ~

**1. Change(s) in Executive and/or Contact Person(s)**

**Effective Date:** \_\_\_\_\_

(Print Clearly)	Name	Home Address	Postal Code	Telephone	
				Business	Home
PRESIDENT					
PAST-PRESIDENT					
VICE-PRESIDENT					
SECRETARY					
TREASURER					
BINGO CHAIR					
BREAKOPEN CHAIR					
BINGO MAILING					
BREAKOPEN MAILING					
OTHER: _____					

**2. Change(s) in Ongoing Event Schedule:  or Request for Special Event(s):  if yes, complete below**

Ongoing Event  Effective Day/Date \_\_\_\_\_ Start Time \_\_\_\_\_ Finish Time \_\_\_\_\_

Special Event  Event Day/Date \_\_\_\_\_ Start Time \_\_\_\_\_ Finish Time \_\_\_\_\_

Will you be using your regular program for this event? Yes  or No  If no, please attach proposed program and complete #7 if applicable

Will there be a change in the way you will use the profits for this event? Yes  or No  If yes, complete #5

Will there be a change in expenses to run this event? Yes  or No  If yes, complete #6

Will the products for this event be sold for the same price? Yes  or No  If no, complete #7

Do you normally operate Bingo/Breakopen on this day of the week? Yes  or No

**3. Change(s) in Event Location:**  Effective

**Date:** \_\_\_\_\_

Is this change ongoing or for this special event only? **Ongoing**  or **Special Event**

Location/Building Name \_\_\_\_\_

Location Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Building Owned by \_\_\_\_\_ Rent: \$ \_\_\_\_\_ per \_\_\_\_\_ Seating Capacity \_\_\_\_\_

**4. Event Cancellation / Closed Period:**  **Date(s):** \_\_\_\_\_

**Permanent Closure:**  **Last Proposed Event Date:** \_\_\_\_\_

**Reason/Details:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. Change(s) in Use of Profits:**  or **Additional Use of Profits:**  **Effective Date:** \_\_\_\_\_

*~ Please be specific – If you are adding an additional profit item, indicate % and the currently approved items to be amended ~*

\_\_\_\_\_ %

\_\_\_\_\_ %

**6. Change(s) in Expense Items:**  or **Additional Expense Items:**  **Effective Date:** \_\_\_\_\_

*~ Please be specific. (Do not include bingo paper and license fees) ~*

*Ensure changes and additional expenses do not exceed the 10% Gross Bingo Revenue limit and the 7% Gross Breakopen Revenue limit*

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**7. Change(s) in Bingo Product or Prices:**  **complete 7A and 7B if applicable**

*Will changes be for all future ongoing events or for this special event only?* **Ongoing**  **Special Event**

**7A. New (Additional) Product**  **Change in Pricing**

**Effective Date:** \_\_\_\_\_

**Product #**    **Game # or Game Name**    **Selling Price**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**7B. List all Products being Discontinued**

**Effective Date:** \_\_\_\_\_

**Product #**    **Game # or Game Name**    **Selling Price**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. **Change(s) in Bingo Program or Prize(s):**  **Effective Date of New Program:** \_\_\_\_\_  
**Change(s) in House Rules:**  **Effective Date of New House Rules:** \_\_\_\_\_

Does this change apply to all future ongoing events or for this special event only? **Ongoing**  **Special Event**

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*~ Please attach your new program with the proposed changes clearly marked ~*

**9. Does your organization have sufficient funds to pay the total value of ALL prizes?**

- Yes** Please include your organization's most recent bank statement
- No** Please provide an Irrevocable Standby Letter of Credit from a financial institution (example available)

**10. Other/Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**This document must be signed by an executive member who is currently on file with the MGCC**

\_\_\_\_\_  
 Signature Date  
 \_\_\_\_\_  
 Name (Please Print) Position on Executive

RETURN BY:  Fax  Mail  Email

RETURN TO:

- Executive Member listed above
- Other: \_\_\_\_\_

\_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 City / Town Postal Code  
 \_\_\_\_\_  
 Telephone # Fax # e-mail (if applicable)

**MGCC OFFICE USE ONLY**

**Recorded:**   
**Approved:**   
**NOT Approved:**

\_\_\_\_\_  
**Authorized Signature Date**

**COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Notes for Processing:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_