SCHEDULE "A"

APPLICATION FOR LOTTERY LICENCE

Application must be submitted to the Lottery Officer prior to the Lottery Committee's scheduled meeting (Third Thursday of each month).

Name of Organization	Date
Address of Organization Is your organization registered? [] Yes [If yes, by whom? [] Societies Act [] Revenue Canada [] Other] No
Date of Registration Registr	ation Number
Number of MembersNames of Members	
Describe activities of organization	
How will the proceeds of this lottery be used?	
How are prizes guaranteed in case of loss?	
This is a: [] First time application[] Ren	ewal (Schedule "E" must accompany application
Type of lottery scheme being applied for: [] Bingo [] Nevada Tickets [] Raffle [] Casino Time lottery scheme will be conducted: Premises where lottery scheme will be conducted	Frequency: [] Single [] Series [] Daily [] Monthlyto

Type of Game		Number of Games		Payout of Game			Cost of Cards		
NEVADA TICKE	T LO	TTERY							
Number of Units to be sold		Minimum Payout		Maximum Pa		Payout	Cos	st per ticket	
DAFFLELOTTE	'DV								
Number of Co Printed tickets tic				Description		Purchased of Donated		r Value Prize	
Names of ALL F	Paffla	Ticket S	ollores						
TAIN OF THE !	lame	TICKELO	CHC13.						
	_								
CASINO LOTTE	RY								
Type of Game		Number of Tabl		ım Maximu Bet		m Minimum Payout		Maximum Payout	
								7	
INANCIAL STA		CARLES CALLS	_						
STIMATED GRO	DSS F	REVENU	E:						
XPENSES:									
Bingo Cards									
Alleria Tribita									
Nevada Tickets				001 (4)					
Bingo Payout				9112.					
Bingo Payout Nevada Payout									
Bingo Payout									

Other, please specify

TOTAL EXPENSES:	
REVENUE MINUS EXPENSES:	
MULTIPLY BY NUMBER OF EVENTS	
TOTAL ESTIMATED REVENUE:	
We as Authorized Representatives of	do jointly submit and
certify that all facts and information herein are true	and correct. We also understand that any lotten
information may be reported to the Government of	the Northwest Territories, R.C.M.P., and annually
reported by the Hamlet of Fort McPherson.	
Dulink Name	
Print Name	Date
Signature	
Print Name	D-1-
Time Name	Date
O'	
Signature	
OFFICE LISE ONLY	
OFFICE USE ONLY	
IF RENEWAL, ARE ALL FINANCIAL STATEMENTS IN ORDER	[]YES []NO
	Lottery Officer
APPROVED: [] YES [] NO	
DATES:	Lottery Committee Member
(F)	
	Date Approved