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BREAKOPEN TICKET APPLICATION

ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED IN DETAIL AND ACCOMPANIED BY A \$84.07 LICENSE FEE FOR A THREE YEAR LICENSE TERM BEFORE FORWARDING TO THE ALCOHOL & GAMING DIVISION. BREAKOPEN TICKETS MAY ONLY BE SOLD AT THE LOCATION(S) SPECIFIED ON THE LICENSE.

Name of Organization:	
Address of Organization:	
Postal Code:	
Telephone Number:	Email:
Premises Where Tickets Will be Sold:	
Address:	
Date Tickets will be Sold From:	To:
Days & Times of Tickets Sales:	
Supplier(s) to be used:	Atlantic Lottery Corporation <input type="checkbox"/>
	Arrow Games <input type="checkbox"/>

BACKGROUND INFORMATION

Date of Registration under Societies Act:
Number of current members in organization:
Please provide a description of your organization stating background and activities:

LIST CURRENT EXECUTIVE

Position: Name:	
Address:	
Telephone Number:	Email:

Position: Name	
Address:	
Telephone Number:	Email:

Position: Name	
Address:	
Telephone Number:	Email:

Position: Name	
Address:	
Telephone Number:	Email:

Financial Institution Where Funds Will Be Deposited: Name:
Address:
Lottery Bank Account Number:

We, _____ and _____ of
(Applicant) (Co-Applicant)
_____ hereby solemnly declare that the
(Organization)
information provided in this application is true and correct.

Date _____ Signature _____

The granting of a Breakopen Ticket License is issued in accordance with the Ticket Lottery Regulations and Breakopen Ticket Guidelines of the Alcohol & Gaming Division.