



GAMES OF CHANCE REPORT

This form is to be submitted by the licensee to the Alcohol & Gaming authority within 2 weeks of holding lottery or, by the end of the month in which the lottery was held, in accordance with the Carnival & Charitable Gaming Regulations

Name of Organization _____

Address _____

Telephone Number _____ License Number _____

Location of Event _____ Date of Event _____

	Number of Games	Days	Amount
Merchandise Games	_____	_____	_____
Money Games	_____	_____	_____
Bingo	_____	_____	_____
Total Amount Owing			_____

Formula

- (a) Gross Sales _____
- (b) Administrative Expenses _____
(Rent, Advertising, Leasing Staff)
- (c) Total Prizes Awarded _____
- (d) Total Expenses (B + C) _____
- Total Profit A - D _____

Declaration: I certify that the information given in this report and any documents attached is true and complete.

Date

Signature

