

## **Lottery Licence Amendment Request**

This application must be completed in full and should be submitted at least two weeks prior to the event date to ensure appropriate time to process the amendment. There is a \$50 amendment fee that must be paid before the amendment will be processed.

|  |                           | Applica             | ation Date://    |
|--|---------------------------|---------------------|------------------|
| Formal/Legal Name of Organization:   |                           |                     |                  |
| Lottery Licence Number: Type of Event:   |                           |                     |                  |
| Reason for Amendment:  |                           |                     |                  |
| Request to Amend:  |                           |                     |                  |
| Prize Amount Ev  | ent/Grand Prize Draw Date | Other (specify)     | *Use of Proceeds |
| *If Use of Proceeds please specify:  |                           |                     |                  |
|  |                           |                     |                  |
|  |                           |                     |                  |
| RAFFLE / BINGO CONTACT (for correspondence)  Print Name:   |                           |                     |                  |
| Mailing Address:   |                           | Postal Code         |                  |
|  |                           |                     |                  |
| Residence Phone  | Business Phone            | Fax                 | Email            |
| AUTHORIZATION FOR AMENDMENT  We Certify That: all information and documents supplied are correct, and the group has authorized us to make this amendment.  Any City of Yellowknife Administrator may examine and make copies of all records relating to this application and/or licence. |                           |                     |                  |
| President's Signature: Print Name:   |                           | Print Name:         |                  |
| Mailing Address:   |                           |                     |                  |
|  |                           |                     |                  |
| Residence Phone  | Business Phone            | Fax                 | Email            |
| PAYMENT TYPE  Cash Interac Cheque Visa MasterCard  |                           | Application Date:// |                  |
| Credit card number: Expiry date:   |                           |                     |                  |
|  |                           | ···                 |                  |
| Name of cardholder:  |                           | Payment date:       |                  |