

## **Break Open Ticket Application Checklist**

Name of Organization:		
Address:		Member Contact:
		Email Address:
_	These it	tems must be enclosed with your <b>Break Open Ticket Licence Application</b> form.  ( <b>Do not</b> send separately):
<b>п</b>	• T	Fee 3 % of total prizes to be awarded The cheque payable to the <b>Town of St. Marys</b> The cheque <u>must</u> be drawn from your designated raffle trust account
	Complet	ted "Break Open Ticket Application" form with:
		Name and address of the licensee
		Name and address of location where tickets will be sold
		The ticket type (ex. SP1)
		Specific use of net proceeds (attach additional sheet if necessary)
		Lottery trust account information, including account number
		Duration of the licensing period
		Name of registered suppliers for break open tickets and associated equipment such as ticket dispensers
		If the prize value totals \$10,000 or more, a financial guarantee from a financial institution is required and must be made payable to the municipality
		Signed by two principal officers

Please Return Completed Applications to St. Marys Town Hall 175 Queen St. E. P.O. Box 998, St. Marys, ON. N4X 1B6