



John V. Remai Centre
510 Cynthia Street
Saskatoon, Saskatchewan
S7L 7K7

Ph: (306) 975-0800
Fax: (306) 242-8007
www.sasklotteries.ca

**PLEASE JUST DO
NUMBERS 1 & 2 AT THIS TIME.**

Thank you.

LOTTERY TICKET CENTRE APPLICANT:

1. Please complete in full and return the Retailer Application, along with pictures of the interior and exterior of your business, to the contact information enclosed.
2. The applications will be reviewed on a monthly basis and a lottery representative will be contacting you once the process is complete.
3. **IF APPROVED**, the following are requirements in order to be a Lottery Ticket Centre in Saskatchewan:
 - a. the applicant's business must be registered at the **Information Services Corporation** office in Regina (Corporate Registry: 1-306-787-2962 or www.isc.ca);
 - b. the applicant must provide an Irrevocable Letter of Credit from a banking institution for \$5,000 OR a \$5,000 certified cheque to be held on deposit. Depending on payment method and arrears on the account, the Security Deposit is returned (interest-free) when the business changes ownership/closes;
 - c. the applicant will provide bank account information by completing an "Authorized for PreArranged Payment" form that will be supplied to you, in order for the weekly invoice amounts to be automatically withdrawn;
 - d. the applicant will provide a Criminal Record Check;
 - e. the applicant will follow all the rules and regulations as set out by Saskatchewan Lotteries and Western Canada Lotteries Corporation with respect to the sale of lottery tickets.
 - f. A power supply and adequate counter space must be allocated for the lottery terminal and its related equipment. A minimum of a two-foot wide counter area is required for the terminal, printer and bar code reader. Also included is a Customer Ticket Checker which is cabled to the terminal, will also require a power supply and can be counter or wall mounted within the business.
 - g. After the lottery terminal installation, your account will be placed on a six (6) month probation period during which time **projected annual ticket sales of \$36,000 are required to maintain the terminal.**

The Retailer Commission structure is as follows:

- Retailer Sales Commission for lottery tickets is 5%;
- Retailer Redemption Commission for redemption of winning tickets (up to and including \$1,000) is 2%.

Upon signing the Lottery Retailer Application, the applicant hereby certifies that there are not misrepresentations of falsifications in the information stated in the application. The applicant authorizes Saskatchewan Lotteries to obtain credit or general information reports about the applicant or any partner, officer or shareholder of the applicant which may assist Saskatchewan Lotteries in making a decision on this application.



The fundraiser for more than 12,000 sport, culture, recreation and community groups in Saskatchewan.

LOTTERY RETAILER APPLICATION

FOR NEW APPLICANTS:

1. Complete all sections of the application.
2. Attach pictures of the exterior and interior of the retail location to this application.
3. Return to the appropriate address below:

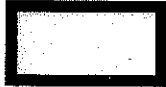
FOR CHANGE OF OWNER APPLICANTS:

1. Complete all sections of the application.
2. Return to the appropriate address below:

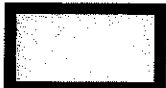
NORTH:

 Sask Sport Distributors Inc.
 510 Cynthia Street, Saskatoon, SK S7L 7K7

SOUTH:

 Sask Sport Distributors Inc.
 1870 Lorne Street, Regina, SK S4P 2L7


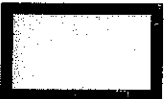
Retailer Number



SYSID Number



Agreement Number



Signing Business Entity Number

(SHADED AREAS – OFFICE USE ONLY)		
<input type="checkbox"/> New Applicant <input type="checkbox"/> Change of Owner		
Effective Date: _____		
Territory Number:	Classification Code:	Special Flags:

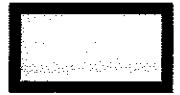
Retail Location Name:							
Mailing Address with Postal Code:							
Street Address (if different than mailing address) or Legal Land Description (Block # / Lot #, Range #, etc.):							
Phone: ()				Fax: ()			
Cell Phone (opt.):				Email Address (opt.):			
Hours of Business	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FROM: A.M.							
TO P.M.							
Lease Landlord:						Owned <input type="checkbox"/>	
						Leased <input type="checkbox"/>	
Address:							
City:		Prov.:	Postal Code:	Phone: ()		Fax: ()	

Business Type: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Company <input type="checkbox"/> Corporation				
Corporate Name (complete if different than Retail Location Name above) OR <input type="checkbox"/> Same information as above				
Address:				
City:		Prov.:	Postal Code:	Fax: ()

Applicant's Signature:	
Applicant's (Please Print):	Date:



Retailer Number



SYSID Number

List below, names and positions of owners, partners, officers of the retail location.

Contact Name:		Position/Title:		
Home Address:	City:	Prov:	Postal Code:	
Home Phone: ()		Fax: ()		

Contact Name:		Position/Title:		
Home Address:	City:	Prov:	Postal Code:	
Home Phone: ()		Fax: ()		

Contact Name:		Position/Title:		
Home Address:	City:	Prov:	Postal Code:	
Home Phone: ()		Fax: ()		

Contact Name:		Position/Title:		
Home Address:	City:	Prov:	Postal Code:	
Home Phone: ()		Fax: ()		

List Names of Main Lottery Contacts at the Retail Location.

Location Contact #1	Position/Title:
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Location Contact #2	Position/Title:
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Location Contact #3	Position/Title:
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