



Service Nova Scotia and Municipal Relations
Alcohol and Gaming Division

780 Windmill Road
2nd Floor
P.O. Box 545
Dartmouth, N.S. B2Y 3Y8
Tel: 902-424-6160
Fax: 902-424-6313

License Number

TICKET LOTTERY REPORT
(All Sections Must Be Completed)

This form is to be submitted by the Licensee to the Alcohol and Gaming Division within thirty (30) days after the expiry date on the license, or thirty (30) days after the completion of each year in the case of a multi-year license.

NAME OF ORGANIZATION	TELEPHONE NUMBER	DATE(S) OF LOTTERY DRAW(S)
ADDRESS		POSTAL CODE

REVENUE

(A) NUMBER OF TICKETS PRINTED _____
 (B) NUMBER OF TICKETS SOLD - _____ (Enclose sample ticket)
 (C) NUMBER OF TICKETS UNSOLD = _____
 (D) PRICE PER TICKET \$ _____
 (E) TOTAL REVENUE FROM TICKET SALES \$ _____

RECIPIENT(S) OF LOTTERY REVENUE	TELEPHONE NUMBER
ADDRESS	POSTAL CODE

EXPENDITURES - (Where necessary record additional information relating to Sections (F)(G)(H) (I) on reverse.)

(F) ADVERTISING and PRINTING COST _____ Total \$ _____
 (G) WAGES and SALARIES _____ Total \$ _____
 (H) OTHER EXPENSES _____ Total \$ _____
 (I) PRIZES (Note: Please indicate retail value of Prizes awarded upon which the required fee is calculated) _____ Total \$ _____
 (J) LICENSE FEES (2.13% OF TOTAL RETAIL PRIZE VALUE) _____ Total \$ _____
 NET PROFIT OR LOSS (E minus (F + G + H + I + J)) = \$ _____

Cheque M.O. Enclosed

If paying by cheque or money order, please make payment to **Nova Scotia Alcohol & Gaming Division**

All funds relating to this lottery have been deposited in account _____ Of:

NAME OF BANK OR FINANCIAL INSTITUTION	ADDRESS
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DECLARATION: I certify that the information in this Lottery Report and any documents attached is true and complete.

DATE _____ SIGNATURE _____ PHONE _____
 _____ OFFICER OF THE ORGANIZATION

SEE REVERSE SIDE

ADDITIONAL FINANCIAL INFORMATION - (To be completed only where additional detail is required.)

(F) ADVERTISING and PRINTING _____ \$ _____
 _____ \$ _____
 Total \$ _____

(G) WAGES and SALARIES
 Number of Employees _____ at \$ _____ Per _____

 Total \$ _____

(H) OTHER EXPENSES
 Description _____ Amount \$ _____
 _____ Amount \$ _____
 _____ Amount \$ _____
 Total \$ _____

(I) PRIZES

DESCRIPTION	Amount \$
1st prize _____	_____
2nd prize _____	_____
3rd prize _____	_____
4th prize _____	_____
5th prize _____	_____
6th prize _____	_____
7th prize _____	_____
8th prize _____	_____
9th prize _____	_____
10th prize _____	_____
(Bring total forward to Section 'I' on previous page)	Total \$ _____

PRIZE WINNERS

NAME	ADDRESS	TELEPHONE NO.	PRIZE
1st			
2nd			
3rd			
4th			
5th			
6th			
7th			
8th			
9th			
10th			