

Gaming Policy and Enforcement Branch – Licensing and Grants Division

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Phone: (250) 387-5311 | **Web:** www.gaming.gov.bc.ca

L&G File#: (for your organization)

BEFORE YOU START

Use this form to report all revenues and expenses associated with a licensed gaming event held by your organization.

- Licensees that could generate more than \$20,000 in gross revenue annually through licensed gaming events, or that have an established gaming account, must comply with more rigorous accountability requirements (see Section 12 of the Guidelines).
- Organizations must submit this form within 90 days after the expiry of each gaming event licence.
- Information from these revenue reports is used to complete the Gaming Account Summary Report, which must be filed within 90 days of your organization's fiscal year end.
- Use the latest version of this form, available at: www.gaming.gov.bc.ca/licences/forms-guidelines.htm
- Fill in only those lines of this form that are applicable to the type of gaming event being reported.
- Submit the completed form and any supporting documents by mail (see address above) or fax to (250) 356-8149.

Report completed on:
 (DD-Mon-YYYY)

SECTION 1 – ORGANIZATION AND GAMING EVENT INFORMATION
PLEASE PRINT CLEARLY

Organization name: (as it appears on the constitution and/or certificate of incorporation if applicable)		
Organization mailing address: Unit, Street, and/or PO Box	City	Postal Code
Gaming event licence number:	Type of gaming event:	
Reporting period: (generally the term of the gaming event licence)	From: (DD-Mon-YYYY)	To:

SECTION 2 – GROSS REVENUE

Gross revenue for the licensed gaming event: (indicate revenue for the gaming event below)		
Total sales:	\$	1
BCLC linked bingo: (operator's fee only)	\$	2
GST recovery:	\$	3
Interest income:	\$	4
Total gross revenue: (add lines 1 to 4)	>>> \$	5

SECTION 3 – PRIZE COSTS

Prize costs for the licensed gaming event: (indicate prize costs for the gaming event below)		
Cash prizes: (do not include BCLC's linked bingo prizes)	\$	6
Cost of merchandise prizes: (list actual cost – see note below about donated prizes)	\$	7
Total prize costs for the licensed gaming event: (add line 6 and 7 only)	>>> \$	8
Donated prizes: ("donated prizes" is the difference between the retail value and actual cost of the prize for the licensee – for example, if a prize is worth \$500 and your organization paid \$200 for it, include \$200 on line 7 above and \$300 here on line 9 – if the prize was donated or free of charge, then include the entire \$500 here on line 9)	\$	9

SECTION 4 – EVENT-RELATED EXPENSES

Expenses for the licensed gaming event: (indicate expenses for the gaming event below)			
Advertising and marketing costs: (newspaper, radio, television, brochures, etc.)	\$		10
Wages:	\$		11
Facility rental related to the gaming event:	\$		12
Bingo paper:	\$		13
Contract fees for gaming services providers:	\$		14
Printing costs:	\$		15
Postage and mailing costs:	\$		16
Miscellaneous supplies for the gaming event: (show the total here – list details on a separate sheet)	\$		17
Bank charges:	\$		18
Other: (show the total here – list details on a separate sheet)	\$		19
Cash: (over/short)	\$		20
Total expenses for the licensed gaming event: (add lines 10 to 20)	>>> \$		21
Expenses as a percentage of gross revenue: (divide line 21 by line 5)			% 22

SECTION 5 – NET GAMING PROCEEDS (subtract line 8 and 21 from line 5)\$ **23****SECTION 6 – CERTIFICATION**

We, the undersigned board members, certify on behalf of the organization that all of the information stated is correct and that the board of directors has approved the submission of this report.

Two board members of the organization (officers) who are responsible for the report: (one must be the treasurer – both must sign this form)					
1	Position: (with the organization)	First name:	Last name:		
	Address: Unit and Street	City	Province	Postal Code	
	Business phone number: (XXX) XXX-XXXX	Ext:	Home phone number: (XXX) XXX-XXXX	Cell phone number: (XXX) XXX-XXXX	
	E-mail address: (provide a valid e-mail address)	Signature: <input checked="" type="checkbox"/>	Date signed: (DD-MMM-YYYY)		
2	Position: (with the organization)	First name:	Last name:		
	Address: Unit and Street	City	Province	Postal Code	
	Business phone number: (XXX) XXX-XXXX	Ext:	Home phone number: (XXX) XXX-XXXX	Cell phone number: (XXX) XXX-XXXX	
	E-mail address: (provide a valid e-mail address)	Signature: <input checked="" type="checkbox"/>	Date signed: (DD-MMM-YYYY)		
Report prepared by: (if the report was prepared by one of the people above, include only their name below)					
3	Position: (with the organization)	First name:	Last name:		
	Address: Unit and Street	City	Province	Postal Code	
	Business phone number: (XXX) XXX-XXXX	Ext:	Home phone number: (XXX) XXX-XXXX	Cell phone number: (XXX) XXX-XXXX	
	E-mail address: (provide a valid e-mail address)	Signature: <input checked="" type="checkbox"/>	Date signed: (DD-MMM-YYYY)		

The information requested on this form is collected under the authority of the Gaming Policy and Enforcement Branch pursuant to the Gaming Control Act. The information provided will be used to assess compliance with the conditions of a gaming event licence. Questions may be directed to the Gaming Policy and Enforcement Branch, Victoria.