#### SOMHA GAMING LICENCE MANUAL

1) Go to the Gaming Licence Website at <u>https://www.gaming.gov.bc.ca/</u> and then click on the Dark Blue Screen. See below



## 2) Click on Apply Online



3) Enter any character in the Search Field and hit enter.

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	<ul> <li>Pre-Application <u>Checklists</u></li> <li>Business BCeID Information and <u>Registration</u></li> <li><u>Contact Us</u></li> </ul>	Organization Search All fields with an asterisk (*) must be completed.	Help 🕖		
		Search			
		Please use the Search function to determine whether your organization exist	ts in our system.		
		If more than one result appears for your search, please select the applicable If your organization does not appear in this list, please refine your search or	record. click New Applicant.		
		Use the % sign (wildcard) before and after specific words to assist in your search (eg: %test%).	n		
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4) Click on New Applicant

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		Search		
		Please use the Search function to determine whether your organization exists in our syste	m.	
		If more than one result appears for your search, please select the applicable record. If your organization does not appear in this list, please refine your search or click New App	licant.	
		Use the $\%$ sign (wildcard) before and after specific words to assist in your search (eg: $\% test\%).$		
		Name: 🔞		
		Avoid using punctuation marks (i.e. periods, apostrophes) and words that are OR often abbreviated (i.e. St for Saint, BC for British Columbia) as these may restrict your search.	L&G File #	
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## 5) ENTER NAME OF TEAM = MUST BE SOMHA (NAME OF TEAM) 2014-15 |

IE. SOMHA JR COYOTES PEEWEE REP 2014-15 OR SOMHA NOVICE #1 2014-15



6) Enter Applicant (Manager/Team Treasurer - whoever is filling out application) Mailing/Physical Address:

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	The organization's na applicable). SOMHA NOVICE #1.	me should be 2014-2015	as it appears on your c	constitution and/c	or certificate of inco	orporation (if	^
	Addresses						- 1
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	Organization Details	
	If your organization is a registered society in BC please enter the BC Society Number.	
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	BC Society Number:	
	On what date did your organization start operating (approximate)?	

7) Leave Organization Detail Blank

8) Move onto Program/Services or Purpose and select Youth Sports from Drop Down Menu. Select Add. Hit Net.

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9) Click on Licence and then Click Next.

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Click Licence	Application	Туре		•		
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	⊖ Grant	Government gaming grants are available thro (includes grants for PACs/DPACs and Major C may also be available.	ough the Community Gami Capital Projects). Other, no	ng Grant Program n-gaming grants		
	Licence	Gaming Event Licences to manage and condu Occasion Casinos, Wheels of Fortune, No Lim	ict Ticket Raffles, Indepen it Texas Hold'em Poker an	dent Bingos, Social d Limited Casinos.		
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10) Click Class D and then Next.



11) Click Ticket Raffle and Next.



12) Click Percentage Draw and Next.



13) Under the Draw Percentage Details Enter 50/50



14) Enter Ticket Sales Start Date and End Dates.

(Note: I did the closet next weekend - I am filling out application on Wed. Sept 24th, 2014 so I entered Sat. Sept 27th and my end Date is the last weekend of March 8, 2015)



## 15) Ticket Prices

(This is for entire season -c an be ammended by calling licence if you think you will get close your number)



16) Add your next Ticket Quanties 1 for \$1 (Quantity 500), 3 for \$2 (Quantity 1500), 15 for \$5 (Quanity 4500) = \$3000

	Ticket Prices				· · · · ·
	When entering a row you must required for each price category	enter the Ticket Price and Total , including discounted tickets. F	Number of Tickets. or example,	A separate entry is	
	The Ticket Price may be	1 for \$2.00 and the total numb	er of tickets is 500.	Then click Add.	
	The Ticket Price for anot Add.	ther may be 5 for \$10.00 and th	ne total number of t	ickets is 500. Then click	
	<ul> <li>Ticket sales by arm's ler</li> </ul>	ngth are not permitted.			
	*Ticket Price (eg: 2 for \$3.00)	*Total Number of Tickets:			
	for \$		Ad	dd Delete Cancel	
Ticket Prices and	Ticket Price (eg: 2 for \$3.00)	Total Number of Ticket	s: Total Ticket Sa	ales	
	1 for \$1	500	\$500	Edit	
Quantities will look	3 for \$2	1500	\$1000	Edit	
this when done	15 for \$5	4500	\$1500	Edit	
		<b>Total Projected Sales</b>	\$3000		
					1
	Draw Information			▲	
	You must enter the dates and ti includes name of place and full and Saturday between the hour	mes of all draws or the frequen address (e.g. 50/50 draws held s 2 pm and 10 pm at The Big H	cy and time of all dr on Friday between all, 550 Main Street,	aws and the location which the hours of 5 and 7 pm , Victoria BC.)	
	*Date/Time/Frequency/Loc	ation of All Draws:			

# 17) Draw Information

**Enter this in:** Draws will be during every teams home games at the Sun Bowl Arena 9301 Hummingbird Ln, Osoyoos, BC and the Oliver Arena 7723 362 Ave, Oliver, BC VOH 1TO

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Enter Draw Information <b>Draw Information Draw Set or the frequency and time of all draws or the frequency and time of all draws or the frequency and time of all draws held on Friday between the hours of 5 and 7 pm and 3 sturday between the hours 2 pm and 10 pm at The Big Hall, 550 Main Street, Victoria BC.):             <b>Date/Time/Frequency/Location of All Draws: Draws will be during every teams home games at the Sun Bowl Arena 9301 Hummingbird N, Oscytoos, BC and the Oliver Arena 1723 362 Ave, Oliver, BC VOH 1TO             <b>Back Dete/Time/Frequency/Location of All Draws: Draws will be during every teams home games at the Sun Bowl Arena 9301 Hummingbird Picture, BC VOH 1TO             <b>Draws and the Oliver Arena 10 Draws will be during every BC VOH 1TO             <b>Draws and the Oliver Arena 10 Draws will be during every BC VOH 1TO             <b>Draws and the Oliver Arena 10 Draws will be during every BC VOH 1TO             <b>Draws and the Oliver Arena 10 Draws and the </b></b></b></b></b></b></b>		Total Projected Sales \$3000	
Enter Draw       Draws will be during every teams home games at the Sun Bowl Arena 9301 Hummingbird Ln, Osoyoos, BC and the Oliver Arena 7723 362 Ave, Oliver, BC V0H 1TO         Back       Next         Click Next       Top         GAMING BC VERSION: 4.5.0.00 DATABASE VERSION: 4.4.0.00       COPYRIGHT       DISCLAIMER       PRIVACY       Accessibility		Draw Information	
Enter Draw Information Back Back Click Next GAMING BC VERSION: 4.5.0.00 DATABASE VERSION: 4.4.0.00 COPYRIGHT DISCLAIMER PRIVACY ACCESSIBILITY		You must enter the dates and times of all draws or the frequency and time of all draws and the location which includes name of place and full address (e.g. 50/50 draws held on Friday between the hours of 5 and 7 pm and Saturday between the hours 2 pm and 10 pm at The Big Hall, 550 Main Street, Victoria BC.)	
Enter Draw Information Back Click Next GAMING BC VERSION: 4.5.0.00 DATABASE VERSION: 4.4.0.00 COPYRIGHT DISCLAIMER PRIVACY ACCESSIBILITY CLICK Next COPYRIGHT DISCLAIMER PRIVACY ACCESSIBILITY		*Date/Time/Frequency/Location of All Draws:	
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18) Enter what the Use of Proceeds will be Used For.



19) **NEXT STEPS VERY IMPORTANT.** Need 3 People For Class D. First Person will be whoever is filling out form. You will check off that you are the Officer Responsible, Submitter and Contact Person. The Second/Third Person will just be an Officer Responsible (If you don't do it this way you will get errors)

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Registration	All fields with an asterisk (*) must be completed.	
• <u>contact os</u>	Officers Responsible	
	Each application requires a Contact Person, a Submitter and 1-3 Officers Responsible (e.g. 1 for B Licences, 3 for D Licences and 2 for everything else). Individuals can have multiple roles; simply select multiple "Type" checkboxes when you are completing their information.	
	*Type	
	Officer Responsible (board member of the organization who is responsible to ensure the organization complies with all conditions, guidelines, rules and policies of the Gaming Policy Enforcement Branch)	
	□ Submitter (member of the organization authorized to complete and submit this application)	
	Contact Person (member of the organization that the Branch can contact regarding this application)	
	*Position *First Name *Last Name	
	Address	
	Unit *Street *Province *City *Postal Code	i i
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	*Business Phone Ext *Home Phone Cell Phone	
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20) First Person Responsible. Enter All Information. (If you dont have a team title Select Other)

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	Officer Responsible (boa organization complies w Enforcement Branch)	ard member of the organizatio vith all conditions, guidelines,	on who is responsible to ensu rules and policies of the Gan	ire the hing Policy
	Submitter (member of t	he organization authorized to	complete and submit this ap	plication)
Enter Information	Contact Person (member application)	r of the organization that the	Branch can contact regardin	g this
	*Position	*First Name	*Last Name	(
	Manager 🗸	Brianne	Hillson	
	Address			)
	Unit *Street	*Province *C	ity *	Postal Code
	6227 97th Street	British Columbia V	soyoos 🗸	V0H1V5
		-	-	
	*Business Phone E	xt *Home Phone	Cell Phone	
	250 - 495 - 4607	250 - 495 - 5	134	
	e-mail			
	brigabrieau@hotmail.com		× (e.g. John.Doe@h	ome.com)
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			- Add Datas	

21) Enter Second Person Responsible.

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	*Type				
C	✓ Officer Responsible (b organization complies Enforcement Branch)	oard member of the organization with all conditions, guidelines,	ion who is responsible to en , rules and policies of the G	nsure the aming Policy	
	Submitter (member of	the organization authorized to	o complete and submit this	application)	
	application)	per of the organization that the	e Branch can contact regard	ling this	
	*Position	*First Name	*Last Name		
Enter Information 🥄	Other 🗸	Devon	Hillson		
	Address       Unit     *Street       6227     97th Street	*Province     *(       British Columbia     ✓	City Dsoyoos 🗸	*Postal Code V0H1V5	
	*Business Phone	Ext *Home Phone	Cell Phone		
	250 - 689 - 0591	250 - 495 - 4	5134		
als A alal	230 - 083 - 0331	230 - 433 - 4	5154		
<b>CK Add</b>					
	e-mail				
	devon_hillson@hotmail.com		× (e.g. John.Doe	Dhome.com)	

# 22) Enter Your Third Officer Responsible

23) Once You Have All Three Entered It Should Look Like Below.

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	Submitte	er (member of the	e organization authorize	ed to complete a	and submit this app	ication)		
	Contact applicati	Person (member on)	of the organization that	the Branch can	n contact regarding	this		- 1
	*Position		*First Name	*Las	st Name			
		~						- 1
	Address							
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B 3 Officer's					Add Delete	Cancel		
	Position	Name	Officer Resp.	Submitter	Contact			
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~	Other	Devon Hillson	.1			T dia		
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## 24) Delivery Method

	Position	Name	Officer Resp	Submitter	Contact		
	Manager	Brianne Hillson	V V	Jabiniter		Edit	
	Other	Devon Hillson	×			Edit	
	Owner	Terry Deol	$\checkmark$			Edit	
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	Canada Post (Your organization's mailing address will be used. If we do not have a mailing address on file, the physical address will be used.)						
	Gamin Registr	g Online Service using y ation.)	our Business BCeID. (F	Refer to <u>Business B</u>	CeID Information	and	
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## 25) Agree with Terms and Conditions



26) Click For Credit Card Payment



# 27) Enter Payment Information

Internet Payments Program
Credit Card Payment
Payment Information
Invoice/Order Number: 7693011 Amount: \$10.00 CAD Credit Card Type: VISA Credit Card Number: Expiration Date: 01 / 2014 /
Cancel Pay Now

28) When Goes Through You Will Get A Receipt

Resources Gaming Policy	Gaming Policy and Enforcement Branch Know your limit, play within it.				
Pre-Application Checklists Business BCeID Information and Registration Control IIC	Payment Complete Retain this copy for statement verificat				
Your payme	yment was processed successfully. Thank-you.				
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Card Type: Card Number:	VISa XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Amount: Invoice Number:	\$10.00 (CAD) 448474		
Approval Code:	402030	Response Message:	Approved		
Host Date/Time:	24-Sep-2014 12:08 PM	Sequence Number:	0		
ISO Response Code: Response Code:	00	Term Number:	Y20665992001		

## 29) Hit Continue

Registration <u>Contact Us</u>	Reta	Retain this copy for statement verification.					
	Your paym	Your payment was processed successfully. Thank-you.					
	Date:	24-Sep-2014 12:08 PM	Transaction Type:	Purchase			
	Card Type:	Visa	Amount:	\$10.00 (CAD)			
	Card Number:	*****	Invoice Number:	448474			
	Note: The above	e card number is hidde.	n for privacy				
	Approval Code:	402030	Response Message:	Approved			
	Host Date/Time	24-Sep-2014 12:08 PM	Sequence Number:	0			
	ISO Response Code:	00	Term Number:	Y20665992001			
	Response Code:	000					
Click Next		Continu	<u>e</u>				
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## 30) Confirmation

