



Gaming Retailer and Contract Manager Application Form

Who Must Complete This Application?

This application form must be completed by an individual who has “managerial responsibility” for a Lottery Retailer Agreement (“LRA”) contract with the British Columbia Lottery Corporation (“BCLC”) to sell lottery tickets outside of provincial gaming facilities.
Responsibilities include, but are not limited to overseeing compliance with the Act, the regulations, or the contract with BCLC respecting the sale and redemption of lottery tickets.
This person is hereinafter referred to as a Contract Manager.
Applicants must be 19 years of age or older.

Fee Information

The application fee for contract manager registration is \$150. The application fee per retail site is \$150.
For a change of contract manager only, retail site fees are not required.
Payment is by money order, company cheque or bank draft payable to the “Minister of Finance”
Personal cheques are not accepted.

Where Can I Get More Information

Additional registration information is available on the [IGCO Website](#).
If you have questions about the application form or the registration process, contact the Licensing, Registration and Certification Division – Personnel and Lottery Registration at (250) 356-0663 or by email Lottery.Registration@igcobc.ca.

Collection of Information

The Independent Gambling Control Office (IGCO) will collect your personal information for the purpose of fulfilling the requirements of the Gaming Control Act 2022 (GCA) and associated regulations in accordance with sections 26(a) and (c) of the Freedom of Information and Protection of Privacy Act (FoIPPA). Additionally, the IGCO may collect personal information under section 26(e) of FoIPPA for the purpose of evaluating programs and activities to better serve you. Should you have any questions about the collection, use, or disclosure of personal information, please contact Director, Lottery and Personnel Registration at (250) 356-0663 or Lottery.Registration@igcobc.ca

Application Instructions

Answer all questions fully and truthfully. If a question does not apply to you, state "Not Applicable" or "N/A". Where there is not enough space for your answers, please include a separate document with the information and indicate clearly which question is being answered.

Read each question carefully. Submitting the application gives the IGCO authority to investigate your answers. Applications must be completed in full and include required fees and documentation. Incomplete or improperly completed applications will not be processed.

Submitting Your Application

Step 1:
Once you have completed your application, please email a copy of the application and required documents to Lottery.Registration@igcobc.ca

Step 2: Please send the fees by mail or courier to the IGCO and be sure to include your name and business name with the payment.

Mail:
Independent Gambling Control Office
Registration and Certification Division (Lottery)
PO Box 9202 Stn Prov Govt
Victoria, BC V8W 9J1

Courier:
Independent Gambling Control Office
Registration and Certification Division (Lottery)
3rd Floor, 910 Government Street
Victoria, BC V8W 1X3



Section 1 – Contract Manager Personal Information			
Surname (Legal Surname)		First name (Legal First name)	
Middle name(s): (Legal Middle Names or N/A)			
Name you are known by (If different than above)			
Home address: Unit, Street Number and Name		City	Province
Mailing Address: (if different than above) Unit and Street		City	Province
Home phone number: XXX-XXX-XXXX		Bus. phone number: XXX-XXX-XXXX	Mobile number: XXX-XXX-XXXX
E-mail address: (Must be a valid e-mail address)			
Date of birth (YYYY-MM-DD)	City of birth	Province/State of birth	Country of birth
Gender Female Male	Legal name changes in the past 10 years: (N/A for not applicable)		
Are you a Canadian Citizen: Yes *No		Immigration status: (i.e. study permit, work permit, permanent resident etc.)	
<i>*If no, you must provide landed immigrant, work permit, study permit, or permanent residence card</i>			
Residences (List previous residences for the last five (5) years – attach a separate document if more space is required)			
Dates: (MM/YY – MM/YY)	Address: Unit and Street	City:	Prov/State:
Section 2 – Personal Disclosure			
<p>You are required to disclose all incidents that have occurred in the last 10 years. Full disclosure of all incidents and offences regardless of outcome is required, including Young Offender information pursuant to Section 119(1)(o) of the Youth Criminal Justice Act. Failure to fully disclose all incidents and offences is deemed sufficient grounds to deny your application.</p>			



1. **In the last 10 years have you been:**
 - Arrested** by the police or any other authority? Yes No
 - Stopped, held, or not allowed to leave** by police or other authority? Yes No
 - Charged** with any criminal offence, whether found guilty or not? Yes No
 - Diverted** or received **Alternate Justice**? Yes No
 - Convicted** of any offence, regardless of the sentence or outcome? Yes No
 - Questioned** by a police officer, store security, or other authority in which you were suspected of committing a criminal offence, even if no charges were laid? Yes No
2. **Have you been involved in any civil action related to fraud, theft, deceit, misrepresentation or similar conduct?** Yes No
3. **Have you been suspended, disqualified, censured or had disciplinary action instituted against you, as a member of a profession or organization?** Yes No
4. **Have you been denied any licence or permit or had any licence or permit revoked?** Yes No
(E.g. Driver's licence, Firearms licence, Horse racing licence)
5. **Have you been investigated, disciplined for any gambling related activities or had a gaming worker registration or licence denied, suspended or cancelled?** Yes No
6. **Have you received a site barring or been provincially prohibited from entering a gambling or horse racing facility or PlayNow.com?** Yes No
7. **Have you declared bankruptcy or received assistance from a regulatory body or a court because of an outstanding debt?** Yes No
8. **Do you currently have any outstanding charges or court dates in any jurisdiction?** Yes No

If you answered **YES** to any of the above, please complete this section and provide details as indicated below. List all cases without exception including those in which you were not charged or convicted. Include a separate document if more space is required

Date of Arrest or Detention
(YYYY-MM-DD)

Age

Charge/Claim

Location

(City, Prov/State)

Disposition

Arresting Agency

Date of Arrest or Detention (YYYY-MM-DD)	Age	Charge/Claim	Location (City, Prov/State)	Disposition	Arresting Agency

Section 3 – BUSINESS INFORMATION

Name(s) of gaming retailer business(es) as indicated on your Lottery Retailer Agreement with BCLC:



SECTION 4 – Required Documents

Acceptable file (must be under 20 MB) formats: .jpg, .jpeg, .tif, .tiff, .doc, .docx, .xls, .xlsx, .pdf (unless otherwise noted).

Attachment 1 – Personal Identification

A scanned colour copy of a valid government-issued identification that includes your full legal name, date of birth, signature and photograph such as a driver’s licence, Passport, BC Services Card, Citizenship Card. Please ensure the scanned copy includes both the front and back sides of the identification.

See www.igcobc.ca for a complete list of acceptable identification

Attachment 2 - Business Documentation

Copy of Business Licence issued by a city or municipality, a certificate of Incorporation, or Business Name Registration.

Attachment 3 – If you are not a Canadian citizen, please include a scanned colour copy of your work permit, study permit, or permanent residence card.

SECTION 5 – Consent and Certification

I, the undersigned, authorize the collection of any and all information in support of this application by the Royal Canadian Mounted Police (RCMP) and other federal government institutions under the Privacy Act for the purpose of conducting a check of criminal investigations, charges, convictions and information in police databases including incidents that did not result in conviction. I also authorize the provision of my personal information on this application by the BC Municipal Law Enforcement Agencies as well as other authorized public bodies under FoIPPA for the same purpose.

I authorize the release of information, including personal information, in support of the application to the IGCO by the RCMP, BC municipal law enforcement agencies, law enforcement agencies in other jurisdictions (including international, national, provincial, state, county, or municipal law enforcement or security agencies and/or sheriff’s offices), federal government institutions, and/or BC provincial government institutions under the Privacy Act, FoIPPA, and other relevant applicable provincial and federal legislation. This personal information may include: (a) Criminal record checks and/or fingerprint based criminal record verification by searching the Canadian Police Information Centre database; (b) Police information checks, including the Police Records Information Management Environment (PRIME BC) and the Police Reporting and Occurrence System (PROS); (c) Checks of intelligence databases maintained by law enforcement agencies; (d) Any other police or court information indices and databases; (e) Correctional and court systems information.

I agree that the Independent Gambling Control Office (IGCO) may collect and receive information, including personal information from any or all of the following sources worldwide: international, national, provincial, state, county, or municipal security agencies; licensing bodies; government ministries or regulatory agencies; banks; trust companies; brokerage houses; credit bureaus; professional or industry associations or regulators; and former or current employers.

I understand that submitting an application to the IGCO for a licence or registration that contains false or misleading information or that fails to disclose a material fact is an offence under the GCA. I certify that, to the best of my knowledge, the information I have provided is complete, honest and accurate.

Signature of Applicant	Name (Enter your full name)	Date (YYYY-MM-DD)
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Did you receive assistance completing this application?	Yes	No
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Please keep a copy of your application and all submitted documents for your records.