



Registrar's Office, Box 2703, Whitehorse, YT Y1A 2C6  
 Telephone: (867) 667-5111

# FINANCIAL REPORT FOR CASINO GAMES

**Licence No.** \_\_\_\_\_

Name of Organization _____ _____ Address _____ _____ _____	Casino Held Date(s) _____ Number of Patrons (approx.) _____ Number of Games: Blackjack _____ Roulette _____ Wheels _____
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**Financial Summary (include all receipts, deposit slips, etc.)**

<b>TOTAL DEPOSITS</b>	(1) \$ _____
Exchange on U.S.A. Funds	(2) \$ _____
<b>SUB TOTAL</b> (add lines 1 and 2)	(3) \$ _____
<b>LESS:</b> Opening Bankrolls (float)	(4) \$ _____
<b>SUB TOTAL</b> (subtract line 4 from line 3)	(5) \$ _____
Chip overage / shortage ( if line 6 is average, add line 6 to line 5); (if line 6 is shortage, subtract line 6 from line 5)	(6) \$ _____
<b>GROSS PROCEED</b>	(7) \$ _____
 <b>EXPENSES</b>	
Licence Fee	\$ _____
Advertising	\$ _____
Printing/Stationery	\$ _____
Equipment Rental	\$ _____
Premises Rental	\$ _____
Other (specify)	\$ _____
<b>TOTAL EXPENSES</b>	(8) \$ _____
Proceeds (subtract line 8 from line 7)	(9) \$ _____
Bank Interest	(10) \$ _____
Net Proceeds (profit) (add lines 9 and 10)	(11) \$ _____

## Disbursements

List disbursements of net proceeds to religious or charitable purposes for this licence only.

**NET PROCEEDS** (enter line 11) \$ \_\_\_\_\_

Donations

Amount

**TOTAL** (12) \$ \_\_\_\_\_

**BALANCE** (subtract line 12 from 11)

(13) \$ \_\_\_\_\_

If balance remains, supply details of dates, amounts, and religious or charitable purposes to which it will be applied.

Date

Objectives/Donations

Amount
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$

**TOTAL (equals line 13)** (14)

Supplementary financial reports are required at regular intervals until all proceeds are disbursed.  
(see terms and conditions)



**If the gross receipts are more than \$5,000, complete the following statutory declaration and attach supporting documents which will include:**

- |                                |  |
|--------------------------------|--|
| 1. Completed cheque list       | 4. Copies of invoices/ receipts                        |
| 2. Copies of bank statements   | 5. Copies of deposit certificates/ bank transfer memos |
| 3. Copies of cancelled cheques |  |

**Statutory Declaration**

**CANADA**  
**Yukon Territory**

**IN THE MATTER OF (ORGANIZATION NAME)**

\_\_\_\_\_

\_\_\_\_\_

and licence number \_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_

in the Yukon Territory, do solemnly declare that:

1. I am the \_\_\_\_\_ of the above noted organization and as such have knowledge of the matters herein declared to.

2. I have examined the accounts and records of the organization and the information contained in this financial report is correct and complete.

And make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

DECLARED before me \_\_\_\_\_

at \_\_\_\_\_

in the Yukon Territory this \_\_\_\_\_

day of \_\_\_\_\_ A.D. 20 \_\_\_\_\_

\_\_\_\_\_  
(Signature of Declarant)

\_\_\_\_\_  
Notary Public in and for the Yukon

**If the gross receipts are less than \$5,000, complete the following statement and submit cheque list and copies of invoices and receipts**

We have examined the accounts and records of the Organization and the information contained in this financial report is correct and complete.

First Declarant		Second Declarant
	Name in full	
	Office held	
	Address	
	Postal code	
	Telephone	
	Date	
	Signature	