



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

FINANCIAL REPORT FOR CASINO GAMES

Licence No. _____

Name of Organization _____	Casino Held Date(s) _____
_____	Number of Patrons (approx.) _____
Address _____	Number of Games:
_____	Blackjack _____
_____	Roulette _____
	Wheels _____

Financial Summary (include all receipts, deposit slips, etc.)

TOTAL DEPOSITS	(1) \$ _____
Exchange on U.S.A. Funds	(2) \$ _____
SUB TOTAL (add lines 1 and 2)	(3) \$ _____
LESS: Opening Bankrolls (float)	(4) \$ _____
SUB TOTAL (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) \$ _____
GROSS PROCEED	(7) \$ _____
EXPENSES	
Licence Fee	\$ _____
Advertising	\$ _____
Printing/Stationery	\$ _____
Equipment Rental	\$ _____
Premises Rental	\$ _____
Other (specify)	\$ _____
TOTAL EXPENSES	(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	