## **Ontario Provincial Fee Rebate Request Form Instructions**

Arrow Games/Bazaar & Novelty is pleased to process your Ontario Provincial Fee Rebate Request.

In order to process your request, we will require the following information:

- 1) A completed and signed Request for Ontario Provincial Fee Rebate Form (see attached).
- A copy of your lottery licence for the deal(s) you are claiming the rebate for.
- 3) A copy of the Arrow Games/Bazaar & Novelty invoice showing the serial number(s) that you are claiming the rebate for.

The completed, signed rebate request form along with the documentation should be sent as follows:

Rick Sleaver Arrow Games/Bazaar & Novelty 6199 Don Murie Street Niagara Falls, ON L2G 0B1

The request will be submitted to the Alcohol and Gaming Commission of Ontario (AGCO) for approval. Please note that the AGCO has the final approval. If approved, a credit will be issued to your organization for the amount of the rebate that can be applied against a future order. Your organization must retain the tickets/deals for a period of 90 days from the date that the credit is approved by the AGCO.

Please note that the AGCO will only consider Ontario Provincial Fee Credit Requests submitted within one (1) year of the end date of the licence.

If there are any questions, please contact Rick Sleaver at (416) 255 0819 or (800) 209 8313.

## REQUEST FOR PROVINCIAL FEE REBATE

1. Name of Claimant:				
Street Address:			City:	
Province	Postal Code	Phone		License No and/or Registration No.
2. Claimant is applying for	rebate from:			
Gaming Supplier Name: Gaming Supplier Reg.#:			Claim In	uitiated By:
3. Description of Claim				
Туре:	# of Units:	X Provincial Fee / Unit:		= Rebate Amount
Serial Number(s)			Where:	in Possession?
4. Reason for Claim:			1	
Fire	maged by Carrier Stolen	Defective ater Insurance Co: Carrier Name: Police Report: Charity	Imprintin	Claim # Trace/Claim#
5. Explanation for Rebat	e (attach additional info	rmation if required):		
License:	Cha	rity:		
6. Certification:	I hereby certify that the	e above information is correct and	d that I am au	uthorized to submit this claim.
Print Name:			Signatu	re:
Position:			Date Su	ubmitted:
Office Use Only - Recipi Date Received:	ent	Authorization:	en by Manufa 	acturer and/or Gaming Supplier
Reviewed By: Date Forwarded:		 Date Adjusted: Processed By:		Credit No.: