

Raffle

APPLICATION

LGA Use Only

- For raffles with anticipated GROSS REVENUE OVER \$10,000.
- Allow six (6) weeks for processing.
- Missing or incomplete information may result in a longer processing time.
- The fee for this licence type is 1.5% of the actual gross revenue. Fees are to be paid after the event's completion with your financial reports.

SECTION A: Organization Information

1. Has your organization previously held a gaming licence? YES NO

If yes, what was the licence number? _____

2. Organization's Full Legal Name:

3. Physical Address:

# AND STREET	CITY/TOWN	PROVINCE	POSTAL CODE

4. Mailing Address (if different from physical address):

# AND STREET/P.O. BOX #	CITY/TOWN	PROVINCE	POSTAL CODE

5. Background Information

If your organization has never received a gaming licence, has not been licensed in the last three (3) years, or has changed its mandate or objectives, please refer to the list below for acceptable supporting documents to include with this application. These documents will be used to assess your organization's eligibility for a charitable gaming event licence.

- charter
- constitution and by-laws
- articles of incorporation (and most recent corporate annual return)
- minutes of most recent annual general meeting
- membership list
- most recent financial statement
- bank statements



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Please also complete the information below:

Date organization was established: _____

Date of incorporation (if applicable): _____

Organization's mandate or objectives:

6. Current Executive:

		PRESIDENT (or equivalent position)	VICE-PRESIDENT
Name			
# and Street/P.O. Box #			
City/Town			
Province			
Postal Code			
Phone	Business		ext.
	Home		
	Cell		
Fax			
Email			

		SECRETARY	TREASURER
Name			
# and Street/P.O. Box #			
City/Town			
Province			
Postal Code			
Phone	Business		ext.
	Home		
	Cell		
Fax			
Email			

7. Raffle Contacts:

		RAFFLE CHAIR	MAILING CONTACT (if different from raffle chair)	
Name				
# and Street/P.O. Box #				
City/Town				
Province				
Postal Code				
Phone	Business		ext.	
	Home			
	Cell			
Fax				
Email				

8. At what address are your records physically kept? (cannot be a P.O. Box #)

SECTION B: Financial and Raffle Information

9. Use of Profits:

How will the profits from this raffle be used? PLEASE BE SPECIFIC. Include any donations to other charitable organizations assisting in ticket sales. Attach a separate page, if required.

1. _____
2. _____
3. _____
4. _____

10. Profit Disbursement Date:

Expected date of full disbursement of profits (MM/DD/YYYY): _____

Note: Special reporting will be required if funds will be held for more than 60 days after your draw.

11. Estimated Expenses (excluding prizes, licence fees and ticket printing):

Note: Ticket printing companies are not included.

	EXPENSES (B)
Advertising and marketing (list specific suppliers in #15)	\$
Distribution (list specific suppliers in #15)	\$
Wages and/or commissions (do not include donation amounts to other charities; provide this information in #9)	\$
Other _____	\$
Other _____	\$
Total Expenses (B)*	\$

*Total Expenses (B) cannot exceed 20% of Total Revenue (A). See Question #14

12. Ticket Printing Cost:

\$

13. Draw Information:

A. How many raffles are you applying for?:

- I. Between one and four? *If yes please fill out table provided in Question #13A below.*
- II. More than four? *If yes please fill out table provided in Question #13A below. Please fill in additional raffle dates in the "Additional Raffle Dates" box.*
- III. Regular Ongoing? *If yes please answer Question #13B.*

A. Closing Date of Ticket Sales (MM/DD/YYYY): _____ Time: _____

	DATE (MM/DD/YYYY)	TIME	DRAW LOCATION	
			NAME OF BUILDING	ADDRESS
1st Draw				
2nd Draw				
3rd Draw				
4th Draw				

Additional Raffle Dates:

B. Ongoing or Limited Series Raffle Events

You may attach an additional p.5 (#13B) if you are applying for several ongoing or limited series events.

EVENT TYPE AND FREQUENCY		EVENT DAY(S)	EVENT(S) TIME		EVENT LOCATION
			START	END	
<input type="checkbox"/> Ongoing	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly Start (MM/DD/YYYY) _____	<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday			Name of Building
	<input type="checkbox"/> Limited Series From (MM/DD/YYYY) _____ To (MM/DD/YYYY) _____	<input type="checkbox"/> Monthly <input type="checkbox"/> 1 st week <input type="checkbox"/> 2 nd week <input type="checkbox"/> 3 rd week <input type="checkbox"/> 4 th week			Address
					Owner

Additional Raffle Information: Is your raffle held in conjunction with another event (e.g. home games? after a regularly scheduled meeting? part of regularly scheduled organization activities?). Please also include additional information important to the conduct of your ongoing raffle here (e.g. closed dates or periods when the raffle will not operate).

14. Anticipated Revenue:

A Are you planning on selling single tickets? YES NO If yes, complete "Single" row.

B Are you planning on selling multiple-priced tickets? (e.g. 3 tickets for \$5) YES NO If yes, complete "Multiple" row.

	TICKET PRICE	TICKET #s	# OF TICKETS		CALCULATION	REVENUE (A)
Single	\$ _____ each	_____ to _____	_____	X	\$ _____ =	\$ _____
Multiple (e.g. 3 tickets for \$5)	_____ for \$ _____	_____ to _____	_____	÷	_____ x \$ _____ =	\$ _____
	_____ for \$ _____	_____ to _____	_____	÷	_____ x \$ _____ =	\$ _____
Total # of Tickets					Total Revenue (A)	\$ _____

15. Gaming Suppliers and Service Providers (they must be licensed by the LGA):

Please list all suppliers and service providers you will be using.

Provide the latest copy of all gaming supplier and service provider contracts

TYPE OF SUPPLIES/SERVICES	NAME
Marketing Consultant/Agency	
Sales/Processing/Fulfillment Firm	
Telemarketing Firm	
Electronic Raffle Equipment Supplier	
Other _____	

16. Prizes Offered:

ORDER OF DRAWS (drawn 1 st , 2 nd , 3 rd , etc.)	DESCRIPTION	RETAIL VALUE (without taxes)	COST (include taxes)
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Totals		\$	\$

17. Raffle Bank Account:

A. Main Raffle Account Information

A separate bank account must be used for deposit of all raffle ticket sales revenue. All expenses and disbursements approved with this application must be paid from this account. Please attach the latest copy of your statement for this account.

Name of Financial Institution	
Address of Financial Institution	
Raffle Bank Account Number	

B. Electronic Payment Account Information

If you plan to take online payment for raffle tickets please provide the information for the account where these payments will be deposited. Please also answer Questions 20-22 if you plan to take online payments. Please attach the latest copy of your statement for this account.

Name of Financial Institution	
Address of Financial Institution	
Raffle Bank Account Number	

18. Current Funds:

Does your organization have current funds to cover the cost of prizes?

- YES** Provide a copy of your organization's most current bank statement.
- NO** Provide an ***Irrevocable Standby Letter of Credit*** or bank draft from a financial institution which expires no less than 30 days following the final draw.

19. Raffle Rules:

Please attach a separate sheet for all rules that are not covered by questions A - F below. Some of your rules may need to appear on your printed tickets. Please ensure your raffle rules comply with the requirements contained in the ***Raffle Terms and Conditions***. The Terms and Conditions are available at www.LGManitoba.ca.

Required:

A. What happens to unclaimed prizes? (e.g. After 30 days another winner will be drawn)

B. How will a winner be selected? (e.g. Draw winning ticket from a drum? Using Random Number Generator? Pick a duck?)

If applicable:

C. Age restriction to purchase tickets:

D. Members of your organization who cannot participate:

E. Restrictions to winning or claiming prize(s):

F. Can a single entry win more than one prize? If so, how?

20. Electronic Raffle Procedures:

Please fill out this question if you plan to use any of the following electronic raffle methods. If not, please skip this question.

Will your organization be offering any of the following:

- A. The online sale, issuing and/or receipt of raffle tickets? YES NO
- B. The electronic selection of a winner? YES NO
- C. The electronic distribution of prizes? YES NO

If you answered yes to any of the previous questions, please fill out the appropriate section of **Appendix A : Section A, B and/or C.**

21. Electronic Raffle Equipment:

Please fill out this section if you plan to use electronic raffle equipment, if not please skip this question.

Will your organization be using electronic raffle equipment? YES NO

If you answered yes to the previous question please fill out **Appendix A: Section D.**

22. Ticket Information:

Sample Ticket:

Please review **Section 5.01 of the Raffle Terms and Conditions** to see a list of what must appear on a raffle ticket. Also consult the **Raffle Application Guide** available at www.LGAmnitoba.ca.

Note: If you plan to issue tickets electronically see **Appendix A: Section E and F** for information required on an electronic raffle ticket.

Attach a sample ticket

SECTION C: Reporting

23. We will advise you if you are required to submit financial report(s) for this raffle. If reporting is a requirement for your organization, which of the following reporting methods is preferred?

- Electronic Reporting Tool (ERT) (used currently and will continue).
- Begin using electronic reporting (Excel is required).
- Complete and mail paper reports.

Who is/will be responsible for preparing and submitting reports on behalf of your organization?

Print Name	
Signature	
Address	
Daytime Phone Number	
Email	

