

# Community Raffle

## APPLICATION

- For raffles with anticipated **GROSS REVENUE OF \$10,000 OR LESS**.
- Allow 3 weeks for processing.
- Missing or incomplete information may result in a longer processing time.
- Refer to the [Community Raffle Application Guide](#) for assistance in completing this form.

### 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 3 years, or has changed its mandate or objectives, please refer to the [Community Raffle Application Guide](#) for a list of 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.

Please also complete the information below.

Date organization was established: \_\_\_\_\_ Date of incorporation: \_\_\_\_\_

Organization's mandate or objectives:



Liquor and Gaming  
Authority of Manitoba

[www.LGManitoba.ca](http://www.LGManitoba.ca)

**6. Current Executive:**

One of the two listed directly below MUST sign #15 on page 8.

		PRESIDENT (or equivalent position)		2 <sup>ND</sup> EXECUTIVE	
Name					
# and Street/P.O. Box #					
City/Town					
Province					
Postal Code					
Phone	Business		ext.		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.		ext.
	Home				
	Cell				
Fax					
Email					

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

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## SECTION B: Use of Profits

### 9. 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. \_\_\_\_\_

## SECTION C: Raffle Information

### 10. What type of raffle(s) are you applying to hold?

Check all that apply and complete ONLY related sections of the application.

**A.  Sports Event Raffle**

Tickets are produced with scores marked on each ticket. The winners are determined by matching the scores in the game with scores on the tickets (e.g. Grey Cup tickets, Super Bowl tickets). Complete Question #10A.

**B.  Regular Raffle**

A predetermined number of tickets are printed and sold. The winner is determined by selecting a ticket from a drum. Complete Question #10B.

**C.  Players' Choice Raffle**

Players choose which draw they wish to participate in from a display of prizes and place their tickets in the respective draw bag/bin/box/pail. The winning ticket for each prize is drawn from only the tickets in the respective bag/bin/box/pail. Complete Question #10C.

**D.  Percentage Payout Raffle**

A number of tickets are sold. A predetermined percentage of sales is identified as the prize being offered. The winner is determined by selecting a ticket from a drum (e.g. 50/50). Complete Question #10D.

**Note:** After you have completed this section, please fill in Questions #11, #12 and/or #13 if you plan to use electronic methods or equipment to run your raffle. If not, please skip these questions.

**10A. Sports Event Raffle:**

**Draw Information:**

Please see the [Community Raffle Application Guide](#) for further details.

**Event Date:** (MM/DD/YYYY) \_\_\_\_\_

**Sporting Event:**     Grey Cup     Super Bowl     Other (specify) \_\_\_\_\_

**Ticket Information:**

NUMBER OF SERIES/SETS OF TICKETS OFFERED		TICKETS PER SERIES/SET (i.e. 900 tickets in a series)		TICKET PRICE	=	TOTAL ANTICIPATED GROSS REVENUE
_____	X	_____	X	\$ _____	=	\$ _____

\*Total anticipated gross revenue must be \$10,000 or less.

**Prizes Offered:**

	CORRECT	REVERSE (if applicable)
1 <sup>st</sup> Quarter Score	\$ _____	\$ _____
2 <sup>nd</sup> Quarter Score	\$ _____	\$ _____
3 <sup>rd</sup> Quarter Score	\$ _____	\$ _____
Final Score	\$ _____	\$ _____

Additional Prizes: (if applicable, provide details, e.g. score changes)

Will you be incurring any additional costs to operate this scheme? If not, you may skip Estimated Expenses

**Estimated Expenses\***    \$ \_\_\_\_\_

\*Estimated expenses cannot exceed 20% of the above estimated gross revenue. Do not include the cost of prizes and ticket printing.

**10B. Regular Raffle:**

**Draw Information:**

If our tables cannot accommodate your schedule please attach a schedule with your raffle draw dates.

Please see the [Community Raffle Application Guide](#) for further details.

Closing Date of Ticket Sales: (MM/DD/YYYY) \_\_\_\_\_ Time: \_\_\_\_\_

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

**Ticket Information:**

	TICKET PRICE	# OF TICKETS		CALCULATION		ANTICIPATED GROSS REVENUE
Single	\$ _____ each	_____	X	\$ _____	=	\$ _____
Multiple (e.g. 3 tickets for \$5)	_____ for \$ _____	_____	÷	_____ x \$ _____	=	\$ _____
	_____ for \$ _____	_____	÷	_____ x \$ _____	=	\$ _____
<b>Total # of Tickets</b>				<b>Total Anticipated Gross Revenue*</b>		\$ _____

\*Total anticipated gross revenue must be \$10,000 or less.

**Prizes Offered:**

DESCRIPTION (for each prize with a retail value of \$5,000 or greater, provide a contractual agreement)	RETAIL VALUE (without taxes)	COST (include taxes)
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
<b>Totals</b>	<b>\$ _____</b>	<b>\$ _____</b>

Will you be incurring any additional costs to operate this scheme? If not, you may skip Estimated Expenses.

**Estimated Expenses\*** \$ \_\_\_\_\_

\*Estimated expenses cannot exceed 20% of the above estimated gross revenue.  
Do not include the cost of prizes and ticket printing.

**10C. Players' Choice Raffle:**

**Draw Information:**

If our tables cannot accommodate your schedule please attach a schedule with your raffle draw dates.

Please see the [Community Raffle Application Guide](#) for further details.

Closing Date of Ticket Sales: (MM/DD/YYYY) \_\_\_\_\_ Time: \_\_\_\_\_

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

**Ticket Information:**

	TICKET PRICE	# OF TICKETS		CALCULATION		ANTICIPATED GROSS REVENUE
Single	\$ _____ each	_____	X	\$ _____	=	\$ _____
Multiple (e.g. 3 tickets for \$5)	_____ for \$ _____	_____	÷	_____ x \$ _____	=	\$ _____
	_____ for \$ _____	_____	÷	_____ x \$ _____	=	\$ _____
<b>Total # of Tickets</b>				<b>Total Anticipated Gross Revenue*</b>		\$ _____

\*Total anticipated gross revenue must be \$10,000 or less.

**Prizes/Packages Offered:**

Number of prizes/packages: \_\_\_\_\_

Approximate value of each prize/package: \$ \_\_\_\_\_

Approximate cost of each prize/package to your organization: \$ \_\_\_\_\_

Will you be incurring any additional costs to operate this scheme? If not, you may skip Estimated Expenses.

**Estimated Expenses\*** \$

\*Estimated expenses cannot exceed 20% of the above estimated gross revenue.  
Do not include the cost of prizes and ticket printing.

**10D. Percentage Payout Raffle:**

**Draw Information:**

If our tables cannot accommodate your schedule please attach a schedule with your raffle draw dates.

Please see the [Community Raffle Application Guide](#) for further details.

Closing Date of Ticket Sales: (MM/DD/YYYY) \_\_\_\_\_ Time: \_\_\_\_\_

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

**Ticket Information:** (per event)

	TICKET PRICE	# OF TICKETS		CALCULATION		ANTICIPATED GROSS REVENUE
Single	\$ _____ each	_____	X	\$ _____	=	\$ _____
Multiple (e.g. 3 tickets for \$5)	_____ for \$ _____	_____	÷	_____ x \$ _____	=	\$ _____
	_____ for \$ _____	_____	÷	_____ x \$ _____	=	\$ _____
<b>Total # of Tickets</b>				<b>Total Anticipated Gross Revenue*</b>		\$ _____

\*Total anticipated gross revenue must be \$10,000 or less.

**Prizes Offered:**

50% of sales       Other \_\_\_\_\_ %

Will you be incurring any additional costs to operate this scheme? If not, you may skip Estimated Expenses.

**Estimated Expenses\*** \$ \_\_\_\_\_

\*Estimated expenses cannot exceed 20% of the above estimated gross revenue.  
Do not include the cost of prizes and ticket printing.

## SECTION D: Electronic Raffle

### 11. Electronic Raffle Procedures:

Please complete 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 [Raffle-Appendix A: Sections A, B and/or C](#).

### 12. Electronic Raffle Equipment:

Please complete 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 [Raffle-Appendix A: Section D](#).

### 13. Ticket Information:

Please complete if you are planning on issuing tickets to purchasers electronically. If not, please skip this question.

**Note:** Please review [Raffle-Appendix A: Sections E and F](#) for information required on an electronic raffle ticket.

Attach a sample electronic raffle ticket.

## SECTION E: Submission

### 14. Application Submission:

Your application will be processed once the signed copy of the certification page is received by The LGA. You can send it to us by email, fax, mail or drop it off in person at our office. Please keep a copy for your records.

Organization: \_\_\_\_\_ Licence Number: \_\_\_\_\_

Check this box if the signed certification of this application will be forwarded to us separately. It must be received within 7 days of your application being submitted.

## SECTION F: Certification

**15.** We, the undersigned, hereby certify on behalf of the organization that the information provided on this application is correct and true and that we have read, understood and agree to abide by the [Raffle Terms and Conditions](#).

**EXECUTIVE MEMBER:** Must be signed by one of the individuals listed in #6 on page 2.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Position Title



Liquor and Gaming  
Authority of Manitoba



## Did you remember to:

- Attach the required supporting documents listed in #5 of the Community Raffle Application Guide if applicable.
- Attach a copy of any additional uses of profits that do not fit in the space provided. (#9)
- Attach copies of any contractual agreements for each prize with a retail value of \$5,000 or greater. (#10B and/or #10C)
- Attach Raffle-Appendix A if applicable. (#11, #12, and/or #13)
- Attach a sample electronic raffle ticket which complies with Raffle-Appendix A: Sections E and F. (#13)
- Refer to the Section 5.01 of the Raffle Terms and Conditions for a complete list of information required on a raffle ticket entry.
- Keep a copy of this application and all supporting documentation for your records.

Please send this form directly to the LGA's Gaming Licensing Department at 800-215 Garry Street, Winnipeg, Manitoba R3C 3P3, by email to [gaminglicence@LGAmanitoba.ca](mailto:gaminglicence@LGAmanitoba.ca) or by fax to 204-954-9450.

## PRIVACY NOTICE

The Liquor and Gaming Authority (the "LGA") is collecting your personal information to conduct investigations for the purposes of licensing prospective and current licensees in Manitoba under *The Liquor and Gaming Control Act (C.C.S.M. c. L153)*.

The LGA is authorized to collect your personal information under subsections 36(1) (a) and (b) of the *The Freedom of Information and Protection of Privacy Act (C.C.S.M. c. F175)* because the collection is authorized by the *The Liquor and Gaming Control Act* and your personal information relates to and is necessary for the LGA's background investigations. Your personal information will only be used by the LGA to process your application, assess your eligibility to receive and maintain a licence and for enforcement purposes under *The Liquor and Gaming Control Act*.

Your personal information is protected by *The Freedom of Information and Protection of Privacy Act*. The LGA cannot use or disclose your personal information for other purposes, unless you consent or the LGA is authorized to do so by *The Freedom of Information and Protection of Privacy Act*.

If you have any questions or concerns about the LGA's collection of your personal information, please contact the LGA's Freedom of Information and Privacy Protection Coordinator at 204-954-9400 or [FIPPAcoordinator@LGAmanitoba.ca](mailto:FIPPAcoordinator@LGAmanitoba.ca).