

Raffle

APPLICATION

LGA Use Only

- For raffles with anticipated **GROSS REVENUE OVER \$10,000**.
- Allow 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.
- Refer to the [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 [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

6. Current Executive:

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

		SECRETARY		TREASURER	
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.	
	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: Ongoing Specific Date (MM/DD/YYYY) _____

Note: Special reporting will be required if funds will be held for more than 60 days after your draw.
Please refer to the [Raffle Application Guide](#) for assistance.

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

*Total Expenses (B) cannot exceed 20% of Total Revenue (A) in 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 directly below.

II. More than four or a regular ongoing raffle? If yes, please answer Question #13B.

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

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

Additional Raffle Dates:

B. Ongoing or Limited Series Raffle Events:

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

If your raffle does not follow a regular schedule (e.g. weekly Friday nights, biweekly on Thursday, etc.), please attach your raffle schedule. Your attached raffle schedule must include all the details outlined in the table below.

Please also fill out the additional raffle information box below.

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"/> Sunday			Name of Building
	<input type="checkbox"/> Biweekly	<input type="checkbox"/> Monday			
<input type="checkbox"/> Limited Series From (MM/DD/YYYY)	Start (MM/DD/YYYY)	<input type="checkbox"/> Tuesday			Address
	_____	<input type="checkbox"/> Wednesday			
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	<input type="checkbox"/> Thursday			Owner
		<input type="checkbox"/> Friday			
		<input type="checkbox"/> Saturday			

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, 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	ADDRESS
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. Raffle Bank 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. Online Ticket Sales 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 and answer Questions #20-22. 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 #19A-#19F 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*** 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 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.**

21. 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.**

22. Ticket Information:

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

Note: If you plan to issue tickets electronically see **Raffle-Appendix A: Sections 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	

SECTION D: Certification

24. The president and the raffle chair must sign this application. If this is the same individual, one other executive member must sign.

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**.

PRESIDENT:

Print Name _____ Signature _____ Date (MM/DD/YYYY) _____

RAFFLE CHAIR:

Print Name _____ Signature _____ Date (MM/DD/YYYY) _____

Did you remember to:

- Attach the required supporting documents listed in #5 of the **Raffle Application Guide** if applicable.
- Attach a copy of any additional uses of profits that do not fit in the space provided. (#9)
- Attach a copy of your limited series or ongoing raffle schedule if applying for more than one. (#13B)
- Attach copies of any contractual agreements with gaming suppliers and service providers. (#15)
- Attach **contractual agreements** for all prizes valued over \$5,000. (#16)
- Attach your current bank statement for your raffle bank account. If applicable, please attach your current bank statement for your online raffle ticket sales account. (#17)
- Attach your current bank statement or prize guarantee. (#18)
- Attach a list of any **additional** rules governing your raffle. (#19)
- Attach **Raffle-Appendix A** if applicable. (#20-22)
- Attach a sample ticket which complies with **Section 5.01 of the Raffle Terms and Conditions**. (#22)
- 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 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.

