

Raffle

APPLICATION

- For raffles with **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 with completing this form.
- The application form must be completed in its entirety. Unless specified elsewhere, external documents will not be accepted.

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 years, or has changed its mandate or objectives, your organization will have to establish that you are eligible to hold this licence. Only charitable and religious organizations are eligible to hold a gaming event licence. 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.

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				
Email					

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

7. Raffle Contacts:

		RAFFLE CHAIR		MAILING CONTACT (if not the raffle chair)	
Name					
# and Street/P.O. Box #					
City/Town					
Province					
Postal Code					
Phone	Business		ext.		ext.
	Home				
	Cell				
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 with ticket sales. Attach a separate page, if needed.

1. _____
2. _____
3. _____

10. Profit Disbursement Date:

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

Note: Special reporting will be required if the 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):

Expenses are: Per Event Per Month Per Year

List estimated expenses in the table below. If you are using a gaming supplier or service provider, include a copy of your current contract and list their name(s) in the table below.

If required, a separate sheet that lists additional expenses may be attached.

Note: Gaming suppliers and service providers must be licensed by the LGA.

	PROVIDER NAME (if applicable)	EXPENSES (B)
Advertising and marketing		\$
Distribution		\$
Wages and/or commissions		\$
Supplier		\$
Service provider		\$
Other		\$
Total Expenses*		\$

*Total Expenses 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. **One to four?**

If yes, please fill out table below.

II. **More than four or an ongoing raffle?**

If yes, please answer Question #13(B).

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

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

B. Ongoing or Limited Series Raffle Events:

If your raffle does not follow a regular schedule (e.g. weekly Friday nights, biweekly on Thursdays, etc.), please attach your raffle schedule. The raffle schedule you attach must include all the details outlined below.

I. **Limited Series:** Start Date: _____ End Date: _____
(MM/DD/YYYY) (MM/DD/YYYY)

II. **Ongoing:** Weekly Biweekly Monthly

Draw Frequency							
Event Day(s)	<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
Draw Time							
Draw Location							
Name of Building				Address			

14. Maximum Revenue:

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

15. Prizes Offered:

All prizes valued over \$5,000 must have a supporting contractual agreement or invoice.

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

16. Banking Information:

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 a copy of your most current statement for this account.

Name of Financial Institution	
Address of Financial Institution	
Bank Account Number	

B. Online Ticket Sales Bank Account Information:

If you currently have an account that accepts the deposit of online payments, and plan to use it to accept the payment of online raffle ticket sales, please provide your account information. Only fill in this section if this is a separate bank account from your raffle account. Please proceed to answer questions 19-20 and attach a copy of your most current statement for this account.

Name of Financial Institution	
Address of Financial Institution	
Bank Account Number	

17. 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.

18. Raffle Rules:

Please attach a separate sheet for all rules that are not covered by Questions 18 (A) through to (F) below. If you are proposing a Chase the Card raffle, please contact the LGA's Gaming Licensing Department for a list of additional rules that should be included with your application. 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](#).

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, use a random number generator, etc.)

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?

19. Electronic Raffle:

Do you plan to use any of the following electronic raffle methods? If yes, please complete this section.

- A. The online sale, issuing and/or receipt of raffle tickets YES
- B. The electronic selection of a winner YES
- C. The electronic distribution of prizes YES
- D. Electronic raffle equipment YES

If you answered yes to any of these questions, please fill out the [Raffle-Appendix A](#).

20. 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.

Note: If you plan to issue tickets electronically, see [Raffle-Appendix A: Sections E and F](#) for what must appear on an electronic raffle ticket.

Attach a sample ticket.



SECTION C: Reporting

21. Which of the following reporting methods do you prefer?

- Electronic Reporting Tool (ERT) (currently using 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?

Name (Please print)	
Signature	
Address	
Daytime Phone Number	
Email	

SECTION D: Certification

22. **Your 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 Section A(5) of the Raffle Application Guide, if applicable.
- Attach copies of any contractual agreements with gaming suppliers and service providers. (See question 11)
- Attach contractual agreements for all prizes valued over \$5,000. (See question 15)
- Attach your most current bank statement for your raffle bank account. If applicable, please attach your most current bank statement for your online raffle ticket sales account. (See question 16)
- Attach a copy of your most current bank statement or prize guarantee. (See question 17)
- Attach a list of any additional rules governing your raffle. (See question 18)
- Attach Raffle-Appendix A if applicable. (See question 19)
- Attach a sample ticket which complies with Section 5.01 of the Raffle Terms and Conditions. (See question 20)

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@LGManitoba.ca or by fax to 204-954-9450.



PRIVACY NOTICE

The Liquor and Gaming Authority of Manitoba (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.