

LOTTERY LICENCE APPLICATION

MUNICIPAL AUTHORITY RAFFLE

- o Retail prize value not to exceed \$1,000.00

The Saskatchewan Liquor and Gaming Authority may issue a licence pursuant to subsection 207 (1)(b) of the *Criminal Code of Canada*, or may designate the Local Authority to issue the licenses, authorizing charitable or religious organizations to conduct and manage lottery schemes.

MUNICIPAL AUTHORITY RAFFLE LICENCE APPLICATION FEE: \$5.00

Provide a summary description of your organization, outlining the charitable or religious object(s) or purpose(s):

Name/Address of Organization:

Organization name: _____

Address: _____

City/Town: _____, SK Postal Code: _____

Preferred method of communication (check only one):

E-mail E-mail address: _____

Fax Fax number: _____

Mail

Raffle Details

Number of tickets to be printed: _____

Price of each ticket or chance: _____

Multiple ticket prices: _____

*Ensure that your organization records how many tickets are sold as multi-priced or as singles.

*The total value of tickets printed and offered for sale cannot exceed 12 times the retail value of all prize to be awarded.

Draws

Select how the lottery will be conducted and winners determined from one of the below:

- 50/50 Calendar Draw Derby Sports Draft Elimination Draw
 Honey Pot Sports Pools Rally Regular Draw

Draw	Date of Draw	Location of Draw (Name and address of facility)	Description of prizes	Retail prize value (including taxes)	Your cost (\$0 if donated, including taxes)
1					
2					
3					
4					
5					
Totals				\$	

If you require more space, please fill out information on a separate sheet and attach.

Contact

Contact person will be responsible for any correspondence pertaining to this licence and also for keeping and maintaining any records pertaining to this licence.

Lottery records must be kept and maintained in Saskatchewan.

First Name: _____ Last Name: _____

Signature: _____

Address: _____

City/Town: _____, SK Postal Code: _____

Home phone: _____ Business phone: _____

Preferred method of communication (check only one):

E-mail E-mail address: _____

Fax Fax number: _____

Mail

Bank Account Information

A separate lottery account is NOT required, however, a separate deposit must be made for lottery proceeds.

Account Number: _____

Financial Institution: _____

Consent & Certification

I hereby consent, on behalf of the organization, to the Saskatchewan Liquor and Gaming Authority to release the following information to any person, under Section 5 & 24 of the Freedom of Information and Protection of Privacy Act:

- a. the organizations' full name, address and the number of the lottery licence issued to the organization.
- b. the charitable or religious object or purpose for which the organization states the proceeds from the lottery scheme will be used; and
- c. the amounts of all lottery scheme proceeds designated for each charitable or religious object or purpose.

I hereby certify on behalf of the organization, that all facts stated and information furnished are true and correct. The organization has read, understood and agrees to comply withal the terms and conditions.

Signature on behalf of the organization: _____

Date: _____

Printed name: _____

Position within the organization: _____



**SASKATCHEWAN
LIQUOR AND GAMING
AUTHORITY**

Municipal Raffle Lottery Financial Report

Licence number:	Organization code:
Organization name:	
Mailing address:	
City/Town:	Postal Code:
Final draw date:	

Gross ticket sales:	\$	
Total retail prize value: (include all applicable taxes)	\$	
Expenses:		
Application fee (include any addendum fees):	\$	
Cost of prizes:	\$	
Advertising:	\$	
Printing:	\$	
Rental:	\$	
Other (specify): _____	\$	
Total expenses:	\$ 0.00	
Net proceeds to charity:		

The undersigned hereby certify that the proceeds of this lottery have been, or will be, used for your organization's charitable object or purpose as submitted on the licence application.

Certified correct this date, _____, _____ by the officer of the organization:

(Print name and position) (Signature) (Phone)

Mail or fax completed form to: Town of Shaunavon
Box 820
Shaunavon, Sask. S0N 2M0

For office use only	
Date:	
Officer:	