

**Rural Municipality of St. Clements**  
**EAST SELKIRK, MANITOBA R0E 0M0**  
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 Webpage: [www.rmofstclements.com](http://www.rmofstclements.com)

**Application for License to Manage and  
 Conduct a RAFFLE LOTTERY**

Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

Closing date for the sale of tickets will be \_\_\_\_\_ and the draw will be made at \_\_\_\_\_

On \_\_\_\_\_ at \_\_\_\_\_ (am/pm).

Price of Tickets: \$ \_\_\_\_\_ Number of Tickets to be printed: \_\_\_\_\_.

Name of Printer: \_\_\_\_\_

Retail value of all prizes to be awarded \$ \_\_\_\_\_ License fee (1% of prizes) \$ \_\_\_\_\_.

Actual cost of all prizes to be awarded \$ \_\_\_\_\_.

How will your organization guarantee payment of prizes? \_\_\_\_\_

Describe how tickets will be drawn and in what order: \_\_\_\_\_

**BACKGROUND INFORMATION:**

Date Organization established: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

Please provide a description of your organization stating background activities:

Number of current members in your organization?

List current Executives of your Organization:

Position	Name	Address	Phone
President			
Vice-President			
Secretary			
Treasurer			
Raffle Chairperson			

Office Use Only

Payment Received \$ \_\_\_\_\_ Date: \_\_\_\_\_ Receipt#: \_\_\_\_\_

Clearly identify the charitable purposes for which the proceeds of this lottery will be used: Estimated Cost for this Year:

\_\_\_\_\_ \$  
\_\_\_\_\_ \$  
\_\_\_\_\_ \$  
\_\_\_\_\_ \$

**Estimated Expenses:**

Printing: \$ \_\_\_\_\_  
Advertising: \$ \_\_\_\_\_  
Distribution: \$ \_\_\_\_\_  
Other (Specify): \$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_

**LOTTERY BANK ACCOUNT:**

(All organizations must maintain a lottery bank account)  
Account maintained at (Name and Address of Financial Inst.)

\_\_\_\_\_  
\_\_\_\_\_  
Lottery Bank Account No. \_\_\_\_\_

**CERTIFICATION:**

We, \_\_\_\_\_ and \_\_\_\_\_  
Of \_\_\_\_\_ (name of Organization)

Jointly and severally, hereby certify on behalf of this organization that all facts stated and information furnished are true and correct.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature \_\_\_\_\_  
\_\_\_\_\_  
Print Name \_\_\_\_\_  
\_\_\_\_\_  
Office Held \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postal Code \_\_\_\_\_  
Res \_\_\_\_\_ Bus \_\_\_\_\_ Telephone Res \_\_\_\_\_ Bus \_\_\_\_\_

**Signatures of Two (2) Principal Officers are Required**

**Please Note:** the maximum value of the prizes to be won for the Rural Municipality of St. Clements to issue this lottery license is \$3,000.00. The draw must be held within the boundaries of the issuing Municipality.



**FINANCIAL REPORT**

License # \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Date Raffle Completed: \_\_\_\_\_

Date(s) Winners Declared: \_\_\_\_\_

**STATEMENT OF RAFFLE INCOME:**

Tickets Printed: \_\_\_\_\_

Tickets Unsold: \_\_\_\_\_

Tickets Sold: \_\_\_\_\_ x \_\_\_\_\_ = Total Gross Receipts 1. \$ \_\_\_\_\_  
 Selling Price per ticket

**ACTUAL COST OF PRIZES**

2. \$ \_\_\_\_\_

**EXPENSES**

\$ \_\_\_\_\_

Printing \_\_\_\_\_

Advertising \_\_\_\_\_

Wages \_\_\_\_\_

Other (Specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

License Fees (1% of prizes awarded) \_\_\_\_\_

Total Expenses 3. \$ \_\_\_\_\_

Net Profit 4. \$ \_\_\_\_\_

**Lottery Bank Account Information:**

The receipts derived from this Raffle were maintained in \_\_\_\_\_

(Name and Address of Financial Institution)

Lottery Bank Account No.(s). \_\_\_\_\_

DISBURSEMENTS: (AS PER APPLICATION)

DATE	CK#	PAYEE	DESCRIPTION	\$
Total Disbursements 5.				\$

CERTIFICATION

WE, the undersigned, have examined the records and accounts of \_\_\_\_\_

(Name of Organization)

with respect to the above described lottery, and the information contained herein is correct to the best of our knowledge and belief.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

Signature				
Print Name				
Office Held				
Address				
Postal Code				
Res	Bus	Telephone	Res	Bus
<b>SIGNATURES OF TWO (2) PRINCIPAL OFFICERS ARE REQUIRED</b>				

Please enter the name and telephone number of the person completing this report if it is different from those shown above.

Name(Print) \_\_\_\_\_ Phone # \_\_\_\_\_