

**Rural Municipality of St. Clements**  
**EAST SELKIRK, MANITOBA R0E 0M0**  
 Telephone: Selk. 204-482-3300 Wpg. 1-204-474-2642  
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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.