



The City of Flin Flon  
 20 First Avenue  
 FLIN FLON, Manitoba R8A 0T7  
 Phone 681-7511 Fax 681-7530

**Licence Application**  
**Complete IN FULL**

**Raffle Lottery**  
 Licenced Under  
 By-Law No. 10/2001

The **Raffle Licence Fee** is **\$5.00** and is to be submitted with Application for Licence.

Once a Licence is issued, ALL **changes** to the lottery (date, time, number of tickets printed, etc.) **must be requested in writing**, PRIOR to the changes being implemented.

Name of Organization			
Address			
	Postal Code		

<b>Executive</b> List current executive of your organization: (please print)					
Position	Name	Home Mailing Address	Postal Code	Telephone	
				Business	Home
President					
Vice-President					
Secretary					
Treasurer					
Raffle Chair					

<b>Description of Organization</b>	Provide a summary description of your organization, stating activities and benefit to the community. Activities should benefit the community at large, rather than the self-interest of the membership.
Total Number of Current Members in your Organization	

<b>Profits</b>		Specify in detail how the profits from this lottery will be used.	Show Percentage of Profits To Be Used for Each
1.			%
2.			%
3.			%
4.			%
Attach Appendix If Required		TOTAL	%

**DETAILS OF PROPOSED LOTTERY SCHEME**

<b>Closing Date of Ticket Sales</b>			
Draw Date(s)		Time of Draw(s)	
Location of Draw(s)			
Ticket Selling Price		# of Tickets Printed	
Total Prize Value - Retail		Your Cost	

<b>Estimated Expenses to Operate this Lottery</b>		<div style="border: 1px solid black; border-radius: 15px; padding: 10px; width: fit-content; margin: auto;"> <b>TOTAL EXPENSES CANNOT EXCEED 10% OF GROSS REVENUE</b> </div>
Printing		
Advertising		
Distribution		
Other (specify)		
<b>TOTAL</b>		

**Certification:** Signatures of 2 Principal Officers Are Required

We, the undersigned, hereby certify on behalf of the organization that the information furnished is true and correct, and that we have read and understand the terms and conditions applicable to this lottery scheme.

	Signature	
	Print Name	
	Office Held	
	Address	
	Postal Code	
Res.		Bus.
	Telephone	
Res.		Bus.

**Mailing Address of Organization:**

Name	Position/Office Held In Organization		
Address			
City		Telephone	
Postal Code		Bus.	Res.

Send Completed Application To:  
 The City of Flin Flon  
 20 First Avenue  
 FLIN FLON, Manitoba  
 R8A 0T7

Inquiries:  
 Telephone: (204) 681-7511  
 Fax:(204) 681-7530