The City of Flin Flon

20 First Avenue FLIN FLON, Manitoba R8A 0T7

Phone: 833-210-6435 Fax: 204-681-7530

Licence Application

Raffle Lottery Licence Under By-Law No. 10/2001

COMPLETE IN FULL

The Raffle Licence Fee is \$20.00 and is to be submitted with Application for Licence.

Once a Licence is issued, ALL changes to the lottery (date, time, number or tickets printed, etc.)

MUST be requested in writing, PRIOR to the changes being implemented.

| MUSI be requested in writing, PRIOR to the changes being implemented. | | | | | | | | | | |
|---|-----------|---------------------------|--------------------------------|--------------|-----------|--------|--|--|--|--|
| Name of Organization | | | | | | | | | | |
| Address | | | | | | | | | | |
| Postal Code | | | | | | | | | | |
| List current executives of your organization: | | | | | | | | | | |
| Position | | lame Home Mailing Address | | Postal Code | Telephone | | | | | |
| | | | Tromo mamig / tauroo | i cotai coac | Business | Home | | | | |
| President | | | | | | | | | | |
| Vice-President | | | | | | | | | | |
| Secretary | | | | | | | | | | |
| Treasurer | | | | | | | | | | |
| Raffle Chair | | | | | | | | | | |
| Description of Organization 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: | | | | | | | | | | |
| | | <u>Profits</u> | Show Percentage | | | | | | | |
| Specify in detail | how the | profits from | of Profits to be used for each | | | | | | | |
| 1. | | | | | | % | | | | |
| 3. | | | | | | % % | | | | |
| 4. | | | | | | % % | | | | |
| | *Attach A | Appendix if r | TOTAL | | % | | | | | |
| 7 | | | | | | | | | | |

Details of Proposed Lottery Scheme

| Observe Bets (Title 10.1 | | | | | | | | | |
|--|--|----------------------|-------------|----------------------|---|----------------------|--|--|--|
| Closing Date of Ticket Sales | | | | | | | | | |
| Draw Date(s |) | | Time of | | raw(s) | | | | |
| Location of Draw(s) | | | | | | | | | |
| Ticket Selling Price (\$) | | | | # of Tickets Printed | | | | | |
| Total Prize Value (Retail) | | | | Your Cost | | | | | |
| | | | | | | | | | |
| | Estimated Ex | | | | | | | | |
| Printing | | | | | TOTAL EXPENSES CANNOT EXCEED 10% OF GROSS REVENUE | | | | |
| Advertising | | | | | | | | | |
| Distribution | | | | | | | | | |
| Other (specif | fy) | | | | | | | | |
| TOTAL | | | | | | | | | |
| | | | | | | | | | |
| Certification: Signatures of two (2) Principal Officers are required. We, the undersigned, hereby certify on behalf of the organization that the information is true and correct and that we have read and understand the terms and conditions applicable to this lottery scheme. | | | | | | | | | |
| maci | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | and and ordina the t | Signature | | odbio to tir | is locally containe. | | | |
| | | | Print Name | | | | | | |
| | | | Office Held | | | | | | |
| | | | Address | | | | | | |
| | | | Postal Code | | | | | | |
| | | | Telephone | | | | | | |
| | | | | | | | | | |
| Mailing Address of Organization | | | | | | | | | |
| Name | | | | | | | | | |
| Address | | | | | | | | | |
| City | | Postal Code | | | | | | | |
| Telephone | | | | | | | | | |

Send Completed Application to: The City of Flin Flon, 20 First Avenue, FLIN FLON, Manitoba R8A 0T7
Inquires: 1-833-210-6435 Fax: 204-681-7530

