

**MUNICIPALITY OF HARRISON PARK - RAFFLE APPLICATION**

Box 190, Onanole, MB R0J 1N0 Ph: 204-848-7614 Fax 204-848-2082

Please submit this application at least seven days prior to the proposed commencement date.

**NAME OF ORGANIZATION:**

**MAILING ADDRESS:**

**POSTAL CODE:** \_\_\_\_\_ **TELEPHONE NO.'S Home:** \_\_\_\_\_ **Cell#** \_\_\_\_\_

Provide a summary description of your organization, outlining the objectives and activities which benefit the community at large rather than the self-interest of the membership.

Total number of current members in your organization: \_\_\_\_\_

List current executive of your organization:

	Name	Address	Postal Code
<b>President:</b>	_____	_____	_____
<b>Vice President:</b>	_____	_____	_____
<b>Secretary:</b>	_____	_____	_____
<b>Treasurer:</b>	_____	_____	_____

**How will the profits from this lottery be used? (Specify in detail)** **Percentage of profits to be used for each.**

1. \_\_\_\_\_ %

2. \_\_\_\_\_ %

**Raffle Chairperson's Name:** \_\_\_\_\_

**Closing date of ticket sales:** \_\_\_\_\_

**Draw Date:** \_\_\_\_\_ **Time of Draw:** \_\_\_\_\_

**Location of Draw:** \_\_\_\_\_  
(Address)

**Ticketing selling price:** \_\_\_\_\_ **No. of tickets printed:** \_\_\_\_\_

**Total prize value: Retail:** \_\_\_\_\_ **Your Cost:** \_\_\_\_\_

**Anticipated Revenue:** \_\_\_\_\_ **Estimated expenses:** \_\_\_\_\_

**Certification:**

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.

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

**Print Name** \_\_\_\_\_

**Office Held** \_\_\_\_\_

**Address** \_\_\_\_\_

**Postal Code** \_\_\_\_\_

**Phone (W)** \_\_\_\_\_ **(H)** \_\_\_\_\_

**Signatures** \_\_\_\_\_

**\*\*Signatures of two (2) executive officers are required\*\***

Licensing inquires for raffles with a prize value of up to \$3,000.00 can be directed to (204)848-7614, and over that figure to the Manitoba Gaming Control Commission in Winnipeg at 1-800-782-0363

**LICENSE NO.** \_\_\_\_\_ **DATE OF LETTER** \_\_\_\_\_

(Over)

**Provide:**  
**Sample raffle ticket with this required information**

**Name:** \_\_\_\_\_ **Tickets are \$** \_\_\_\_\_ **each**    **Ticket No.** \_\_\_\_\_

**Address** \_\_\_\_\_    **Draw date** \_\_\_\_\_

**City/Prov.** \_\_\_\_\_    **- Prize 1:** \_\_\_\_\_

**- Prize 2:** \_\_\_\_\_

**Telephone** \_\_\_\_\_    **- Prize 3:** \_\_\_\_\_

**(Approximate value in \$\$\$ \_\_\_\_\_)**

**No. 000001**

**Tickets printed** \_\_\_\_\_

**License No.** \_\_\_\_\_

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