

LOTTERY LICENCE APPLICATION

LOCAL AUTHORITY RAFFLE

Retail prize value not to exceed \$1,000.00

The Saskatchewan Liquor and Gaming Authority may issue a licence pursuant to subsection 207 (1)(b) of the *Criminal Code*, or may designate the Local Authority to issue the licenses, authorizing charitable or religious organizations to conduct and manage lottery schemes.

LOCAL AUTHORITY RAFFLE LICENCE APPLICATION FEE: \$5.00

Provide a summary description of your organization, outlining the charitable or religious object(s) or purpose(s):

Name/Address of Organization:

*Legal name of organization: _____

*Address: _____

*City/Town: _____, SK *Postal Code: _____

*Preferred method of communication (check only one):

E-mail E-mail address: _____

Fax Fax number: _____

Mail

Raffle Details

*Number of tickets to be printed: _____

*Price of each ticket or chance: \$ _____

Multiple ticket prices: _____

*Ensure that your organization records how many tickets are sold as multi-priced or as singles.

*The total value of tickets printed and offered for sale cannot exceed 12 times the retail value of all prizes to be awarded.

Draws

Select how the lottery will be conducted and winners determined from one of the below:

- 50/50 Draw Calendar Draw Derby Sports Draft Elimination Draw
 Honey Pot Sports Pools Rally Regular Draw

Draw	Date of draw	Location of draw (name and address of facility)	Description of prizes	Retail prize value (including taxes)	Your cost (\$0 if donated, including taxes)
1					
2					
3					
4					
5					

Totals: \$ _____ \$ _____

*If you require more space, please fill out information on a separate sheet and attach.

Contact

The contact person will be responsible for any correspondence pertaining to this licence and also for keeping and maintaining any records pertaining to this licence.

Lottery records must be kept and maintained in Saskatchewan.

*First Name: _____ *Last Name: _____

*Signature: _____

*Address: _____

*City/Town: _____, SK *Postal Code: _____

*Home Phone: _____ *Business Phone: _____

*Preferred method of communication (check only one):

E-mail E-mail address: _____

Fax Fax number: _____

Mail

Bank Account Information

A separate lottery account is NOT required, however, a separate deposit must be made for lottery proceeds.

*Account Number: _____

*Financial Institution: _____

Consent and Certification

I hereby consent, on behalf of the organization, to the Saskatchewan Liquor and Gaming Authority to release the following information to any person, under Section 5 & 24 of *The Freedom of Information and Protection of Privacy Act*:

- a. The organization's legal name, address and the number of the lottery licence issued to the organization.
- b. The charitable or religious object or purpose for which the organization states the proceeds from the lottery scheme will be used; and
- c. The amounts of all lottery scheme proceeds designated for each charitable or religious object or purpose.

I hereby certify on behalf of the organization, that all facts stated and information furnished are true and correct. The organization has read, understood and agrees to comply with all the terms and conditions.

*Signature on behalf of the organization: _____

*Date: _____

*Printed name: _____

*Position within the organization: _____

LOCAL AUTHORITY LOTTERY FINANCIAL REPORT

LICENCE NUMBER:	CODE:
ORGANIZATION NAME:	
MAILING ADDRESS:	
CITY/TOWN:	POSTAL CODE:
FOR THE LOTTERY COMPLETED	
PRICE PER TICKET/CARD	\$ _____
GROSS SALES	\$ _____
EXPENSES:	
PRIZES	\$ _____
APPLICATION FEES	\$ _____
ADVERTISING	\$ _____
PRINTING	\$ _____
RENTAL	\$ _____
OTHER (SPECIFY) _____	\$ _____
_____	\$ _____
TOTAL EXPENSES	\$ _____
AMOUNT AVAILABLE FOR CHARITABLE OBJECT OR PURPOSE	\$ _____

The undersigned hereby certifies that the proceeds of this lottery have been or will be used for the charitable object or purpose as stipulated on the licence application and as approved.

CERTIFIED CORRECT this date _____, _____ by two officers of the organization:

_____	_____	_____
(Print Name and Position)	(Signature)	(Telephone)

_____	_____	_____
(Print Name and Position)	(Signature)	(Telephone)

Records of this lottery will be maintained for at least six months at:

 (Physical Location – Address in Full)

Mail or return completed report to: **LOCAL AUTHORITY RESPONSIBLE FOR ISSUANCE OF LICENCE**

FOR OFFICE USE ONLY	
DATE:	
OFFICER:	