

Organization Information

Organization name			
Address		Unit	City
Postal code			
Phone	Cell phone	Fax	
Email			

Charitable Proceeds

Charitable or religious objects or purposes for which proceeds are to be raised (list the eligible organization(s) to which you propose to donate the proceeds)	

Event Details

The licence period commences (yyyy, mm, dd):	The licence period ends (yyyy, mm, dd):		
Raffle Lottery Event Schedule (Provide a detailed list of the proposed raffle lottery event you wish to manage and conduct during the period above. This period cannot exceed six months. Use a separate sheet as necessary)			
Event date	Prizes to be awarded	Cost per ticket	Type of Raffle
Event date	Prizes to be awarded	Cost per ticket	Type of Raffle

Lottery Location

Enter location at which the Blanket Raffle Lottery will be conducted (if different from the address above)			
Address		Unit	City
Postal code			
Phone	Cell phone	Fax	

Prizes

Total value of all prizes to be awarded is: (This figure includes the value of all cash prizes, merchandise or articles at retail market value. The total prize value for all raffle events conducted cannot exceed \$5000)	\$
List of merchandise prizes: 	
How will the winners be notified? 	

Certificate

I, the undersigned, hereby certify that: a) I have read, have in my possession, and agree to comply with the provisions of the Raffle Terms and Conditions and policies governing a Blanket Raffle Licence to manage and conduct Lottery Schemes as indicated above. b) I have read over this application. c) All facts stated, and information furnished herein, are true and correct. d) I am the holder of the office with descriptive title as set out appearing under my signature below. e) If a licence is granted, I undertake to comply with all Terms and Conditions and Registrar's policies of such licence. I, the undersigned, as a principal officer of the above-named organization, apply for a licence to manage and conduct the above lottery scheme on behalf of the organization.			
Principal Officer Name		Principal Officer Name	
Title		Title	
Organization name		Organization name	
Phone	Fax	Phone	Fax
Date of signing		Date of signing	
Signature		Signature	
Witness		Witness	