



RURAL MUNICIPALITY OF WHITEMOUTH
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 WHITEMOUTH MB R0E 2G0

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COMMUNITY RAFFLE APPLICATION

DATE: _____ LICENSE: _____

AUTHORIZED LICENSING OFFICER: _____

Use for raffles with \$3,000.00 or less of anticipated gross revenue

ORGANIZATION INFORMATION:
NAME OF ORGANIZATION:
ADDRESS:

CURRENT EXECUTIVE OF YOUR ORGANIZATION:			
PRESIDENT:	NAME	ADDRESS	PHONE
TREASURER:			

DETAILS OF PROPOSED RAFFLE & FINANCIAL INFORMATION

RAFFLE TYPE:

<input type="checkbox"/>	Regular	<input type="checkbox"/>	Percentage Payout
<input type="checkbox"/>	Sport Event	<input type="checkbox"/>	Calendar
<input type="checkbox"/>	Other: Describe _____		

DRAW INFORMATION:

	Date:	Time:	Draw Location:
FINAL DRAW			

TOTAL ANTICIPATED REVENUE:

Total # of tickets available x Maximum ticket price = \$

TOTAL ESTIMATED EXPENSES: include printing costs, supplies, etc. \$

LIST OR DESCRIBE ALL PRIZES OFFERED:

	Retail Value	Your cost
Total:		

HOW WILL THE PROFITS FROM THIS RAFFLE BE USED:

CERTIFICATION:

We, the undersigned hereby certify on behalf of the organization that the information furnished on the application is true and correct and that we have read, understand and agree to abide by the terms and conditions applicable to this raffle:

Name(please print): _____ Signature: _____
 Title: _____ Date: _____

DISCLAIMER FOR COLLECTING PERSONAL INFORMATION

Any personal information that you provide to the RM of Whitemouth is collected in compliance with the Freedom of Information and protection of Privacy Act (FIPPA). The personal information that you provide will be used only for the purpose(s) for which it is collected; and not in any other way without your consent.