



**APPLICATION TO CONDUCT AND MANAGE  
A RAFFLE LOTTERY SCHEME  
Retail Prize Value exceeding \$2500**

Indigenous Gaming Regulators

The Indigenous Gaming Regulators Inc. (IGR) may, pursuant to subsection 207(1)(b) of the Criminal Code of Canada, issue a licence to a charitable or religious organization to conduct and manage a lottery scheme. Proceeds generated from any lottery scheme must be used for charitable or religious objects or purposes.

Allow a minimum of thirty (30) days for a complete review of this application and all the supporting documents. Failure to fully complete the application and submit the required information will delay approval, during which time your group will not be licensed to operate.

**Part 1 Organizational Structure and Related Information**

Current Legal Name of the Organization (as it appears on the Certificate of Incorporation or similar document): \_\_\_\_\_

P.O. Box or Street Address \_\_\_\_\_ City or Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

First Nation \_\_\_\_\_

Has your organization ever held a lottery licence with IGR?  YES  NO

Has your organization ever held a lottery licence with any other licensing authority?  YES  NO

If yes, provide name of Licensing Authority and the licence number: \_\_\_\_\_

How is your charitable organization structured ?

**Band Council Resolution** (attach the BCR)  **Incorporated** (attach proof of incorporation, constitution, by/laws)

If incorporated, are you incorporated under provincial or federal legislation?

**Provincial**  **Federal**  
Non-profit Corporation Act, 1995 Income Tax Act

Date your charitable organization was established: \_\_\_\_\_

If incorporated, date of incorporation: \_\_\_\_\_

Number of Members in your charitable organization: \_\_\_\_\_

How many current members are under the age of 21? \_\_\_\_\_

Total number of current members 21 years of age and under \_\_\_\_\_

**\* If you have not held a previous licence with IGR see Part 9 for Additional Requirements.**

**\* Please refer to the Indigenous Gaming Regulators First Nations Charitable Gaming Handbook for Terms and Conditions and related policies.**

**Part 2 Certification of Lottery Executive responsible for the Conduct and Management of the Lottery Scheme**

We, the lottery executive, hereby certify that:

1. All the facts and information contained herein forming this application including any attached documentation are true and correct;
2. That the organization has authorized us to proceed with this application;
3. That the organization has read, understood and agrees to comply with all the terms and conditions of such licence if issued;
4. That any person authorized by IGR may examine and make copies of all records relating to this application and/or licence, including Lottery Bank Account(s) and Bingo Trust Account(s) established at any financial institution(s); and
5. That the responsibility of the conduct and management of this lottery has been assigned to the individuals below:

**President**

\_\_\_\_\_  
Surname Given Name Middle Initial

\_\_\_\_\_  
P.O. Box or Street Address City or Town Province Postal Code

\_\_\_\_\_  
Phone Number Fax Number

\_\_\_\_\_  
Signature Dated this \_\_\_\_\_ day of \_\_\_\_\_ month \_\_\_\_\_ year

**Vice-President**

Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 P.O. Box or Street Address \_\_\_\_\_ City or Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Signature \_\_\_\_\_ Dated this \_\_\_\_\_ Day \_\_\_\_\_ day of \_\_\_\_\_ month \_\_\_\_\_ year

**Secretary**

Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 P.O. Box or Street Address \_\_\_\_\_ City or Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Signature \_\_\_\_\_ Dated this \_\_\_\_\_ Day \_\_\_\_\_ day of \_\_\_\_\_ month \_\_\_\_\_ year

**Treasurer**

Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 P.O. Box or Street Address \_\_\_\_\_ City or Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Signature \_\_\_\_\_ Dated this \_\_\_\_\_ Day \_\_\_\_\_ day of \_\_\_\_\_ month \_\_\_\_\_ year

Name of **Contact** person responsible for any correspondence/contact with IGR pertaining to this licence:

If the **main contact** person is a member of the Executive, indicate position:

- President or equivalent  Vice-President or equivalent
- Secretary or equivalent  Treasurer or equivalent
- Other (provide full name and address): \_\_\_\_\_

Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

P.O. Box or Street Address \_\_\_\_\_ City or Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Person's preferred method of communication:

- Email address: \_\_\_\_\_
- Fax Number: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

**Part 3 Banking Information**

Lottery Bank Account means a separate and distinct bank account which is restricted to the deposit of lottery proceeds only. The lottery bank account must be a chequing account where cancelled cheques are returned to the account holder. Funds from this account cannot be transferred or deposited into a general account or into another lottery scheme account (i.e., an account for Bingo lottery proceeds).

**Lottery Bank Account Information:**

Name of Financial Institution (bank, credit union, etc): \_\_\_\_\_

P.O. Box or Street Address \_\_\_\_\_ City or Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Bank Account Information:** Your bank account number must include the institution number, branch number, and account number. Please provide a **voided blank cheque** which provides this information, **OR**, if you do not yet have cheques, the following information is required from your financial institution:

Institution Number: \_\_\_\_\_  
 Branch Number: \_\_\_\_\_  
 Account Number: \_\_\_\_\_

**Signing Authority:** A minimum of two (2) people and a maximum of four (4) people must have signing authority for the bank account and when possible, select people who are not related. Please indicate who has signing authority:

- President  Vice-President  Secretary  Treasurer

If someone other than the above executive members has signing authority, please provide their full name, address, phone and fax numbers:

Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

P.O. Box or Street Address \_\_\_\_\_ City or Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**Part 4 Retention of Records**

Lottery records must be kept and maintained for a minimum period of three (3) years. Lottery records include any documents, records, or other material associated with the conduct, management, operation, or participation in any lottery scheme which shall include but is not limited to: official licence, addendums, all banking forms and information, mandatory regulatory reporting forms (i.e., Event Close-Out Summary) and any other information or forms that may be specified in the Terms and Conditions for Charitable Gaming Licences to conduct and manage Raffle Lotteries.

Who has been designated as the custodian of the Lottery Records ?

President  Vice-President  Secretary  Treasurer  Other

**NOTE:** If someone other than the above executive members is custodian, please provide his/her full name, address, phone and/or fax number, and e-mail address.

Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

P.O. Box or Street Address \_\_\_\_\_ City or Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**Part 5 Charitable Religious Object or Purpose - Statement of Activities**

\* Please refer to the Indigenous Gaming Regulators First Nations Charitable Gaming Handbook for the corresponding Eligibility Policies and Use of Proceeds Policies.

1) Describe in detail what activities and programs your charitable organization delivers, where and how these activities and programs are delivered, as well as the costs of delivering these activities and programs. \_\_\_\_\_

2) Describe in detail the mandate or objectives of your charitable organization. \_\_\_\_\_

**Part 6 Disclosure of Information**

On behalf of the organization, I hereby agree to allow Indigenous Gaming Regulators Inc. to release the following information pursuant to Sections 5 & 24 of *The Freedom of Information and Protection of Privacy Act*:

- a) The organization's full name, address and the lottery licence number issued;
- b) The charitable or religious object or purpose for which the organization states the proceeds from the lottery schemes 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 provided are true and correct. The organization has read, understands and agrees to comply with all terms and conditions.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Position or title with the organization \_\_\_\_\_ Dated this \_\_\_\_\_ Day \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_

**Part 7 Raffle Event Information**

**NOTE:** pursuant to the Raffle Lottery Terms and Conditions, the total value of tickets printed and offered for sale cannot exceed 12 times the retail value of all prizes.

Number of Tickets to be Printed: \_\_\_\_\_ Multiple ticket prices: \_\_\_\_\_

Name and address of printer of raffle tickets: \_\_\_\_\_

Name of Printer \_\_\_\_\_

P.O. Box or Street Address \_\_\_\_\_ City or Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Ticket Sales will commence: \_\_\_\_\_

Ticket sales will conclude: \_\_\_\_\_

Will this raffle be advertised on the internet?  Yes  No  
If yes, state the web site address: \_\_\_\_\_

Draw #	Draw Date	Physical Location of draw	Description of all Prizes (identify donated prizes)	Retail Prize Value (include taxes if applicable)	Your Cost (include taxes if applicable)
1					
2					
3					
4					
5					
<b>Total</b>					

- Where merchandise is being offered as the prize, a written price quote or purchase receipt from the retailer (i.e., dealership, travel agency, store, etc.) confirming the retail value must accompany the application.
- In the case of used merchandise, a certificate of appraisal from a recognized appraiser must be supplied.
- In the case of land, buildings and other property, the agreement to purchase (outlining the appraised value and location) must be supplied.

Does your organization have current funds to cover the total value of all prizes that are offered, excluding donations?  
 Yes  No

If you have answered "no" you may be required to provide proof of financial ability to ensure the completion of the lottery as per the Raffle Lottery Terms and Conditions.

Will your organization be utilizing the services of a registered Lottery Management Firm?

Yes  No

Name of Lottery Management Firm: \_\_\_\_\_

**Note:** Failure to attach the following documents to your application may result in unnecessary delays:

1. If utilizing the services of a Lottery Management Firm, a copy of your contract.
2. The complete rules of play for the lottery, outlining how the lottery will be conducted and winners determined.
3. A draft copy of your ticket and advertising, a list of all locations of print, radio, and other advertising, including the 1-800 number (if applicable) if the total value of all prizes exceed \$50,000.00.
4. A list of any other charitable or religious organizations participating in this lottery and sharing in the proceeds. A budget for these organizations **MAY** be required at the discretion of Indigenous Gaming Regulators Inc.

**Part 8 Budget Information**

Please provide your projected budget for your organization for the charitable gaming activities for which you are applying for a licence (you may provide your budget in a separate format, i.e., spreadsheet).

**RAFFLE BUDGET**

**Revenue**

Raffle Lottery Schemes

\$ \_\_\_\_\_

**Event Expenses** (expenses directly related to the proposed raffle)

- Prizes \$ \_\_\_\_\_
- Rent \$ \_\_\_\_\_
- Printing \$ \_\_\_\_\_
- Supplies \$ \_\_\_\_\_
- Equipment \$ \_\_\_\_\_
- Banking fees \$ \_\_\_\_\_
- other \_\_\_\_\_
- other \_\_\_\_\_
- other \_\_\_\_\_

**Total** raffle event expenses

\$ \_\_\_\_\_

**Net proceeds** (revenue minus event expenses)

\$ \_\_\_\_\_

**NOTE:** Expenses related to the delivery of charitable programs/activities should be outlined in the "Proposed Use of Net Proceeds" section below

List how proceeds will be spent. Be as specific as possible as general descriptions will cause processing delays. Proposed use of proceeds may be amended at any time by providing a detailed written request for approval prior to the expenditure. Note: When travel, wages, or out-of-country donations are requested, applicable forms must be submitted for approval prior to the expenditure.

	Proposed Use of Net Proceeds	Funds Required	%	Office use Only
1				
2				
3				
4				
5				
6				
7				
8				
9				
	<b>TOTAL PROJECTED DISBURSEMENTS</b>			

**Part 9 Additional Requirements**

**ADDITIONAL DOCUMENTATION REQUIRED**

**Documents attached?**

- |                                                                                                                       | YES                      | NO                       | N/A |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-----|
| * Proof of Incorporation                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |     |
| * Constitution                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |     |
| * List of the Board of Directors                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |     |
| * Minutes of past board meetings (specifically, approving the by-laws, budget, and the election of executive members) | <input type="checkbox"/> | <input type="checkbox"/> |     |

**OR** Band Council Resolution  
**OR** By - Laws

- \* Minutes of past board meetings (specifically, approving the by-laws, budget, and the election of executive members)

Documentation required if your charitable organization has been in existence and/or delivering programs for at least 6 months:

- \* Income & Expense Statement for the past 6 months (including cancelled cheques)
- OR**
- \* Solemn Declaration which shows that your organization has successfully delivered programs and/or services to your community for the past 6 months

**Supporting Documentation (if applicable):**

1. If your organization is a sports team/club/association/school or governing body, attach a copy of the official team roster(s) which would be submitted to your appropriate governing body (including birth date), and the league/zone your team is affiliated with
2. If the proceeds from the lottery will be used for a capital expenditure project (i.e., buildings, sports facilities, ball parks, etc.) attach a document containing:
  - Description and proof of project
  - Information as to final ownership
  - Total cost and method of financing
  - Projected timetable
  - Your financial commitment to the project
  - An alternate disbursement of the accumulated lotto funds in the event the project is cancelled.
3. Should your organization anticipate travel either within the Province or elsewhere, attach details including dates, reason, location, proposed expenditures, number of persons expected to attend, and any other related information. **Any changes, additions or deletions must be submitted in writing for prior approval.**

**Additional information to determine your licence eligibility may be requested at the discretion of the Indigenous Gaming Regulators Inc.**

**IF YOU WOULD LIKE FURTHER INFORMATION ON OUR APPLICATION REQUIREMENTS, OR IF YOU WOULD LIKE EVENT OR REPORTING TRAINING, PLEASE CONTACT US AT:  
TOLL FREE (877) 477- 4114 or (306) 477- 5700 Fax: (306) 477- 4449**

In order to avoid delays in processing ensure that this form has been fully completed and that you have included copies of all documents that have been requested. Applications not fully completed will be returned. Allow a minimum of 30 days for processing. Applications must be submitted at least (4) weeks prior to first event.

Please mail your completed application to:  
**Licensing Department  
Indigenous Gaming Regulators Inc.  
Suite 400-203 Packham Avenue  
Saskatoon, SK S7N 4K5**

Or you may fax your completed application to Indigenous Gaming Regulators Inc. at (306) 477- 4449

**Remember, an incomplete application will delay the processing of your application.**