



Manitoba Gaming Control Commission  
 800-215 Garry Street  
 Winnipeg, Manitoba R3C 3P3  
 Telephone: (204) 954-9400 Toll Free: 1-800-782-0363  
 Toll Free Fax: 1-866-999-6688 E-mail: [licensing@mgcc.mb.ca](mailto:licensing@mgcc.mb.ca)  
 Website: [www.mgcc.mb.ca](http://www.mgcc.mb.ca)

# CALCUTTA AUCTION Application

*Allow 4 – 6 weeks for processing*

NAME OF ORGANIZATION \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

**BACKGROUND INFORMATION:**

Previous MGCC or MLC Licences: Bingo # \_\_\_\_\_ Breakopen # \_\_\_\_\_ Other # \_\_\_\_\_

Date Organization established: \_\_\_\_\_ Incorporated: Yes  No

**If not previously licensed by the Manitoba Gaming Control Commission or Manitoba Lotteries Corporation**, a copy of your organization's charter, constitution or by-laws, articles of incorporation and financial statements must be included with application.

**Provide a summary description of your organization, stating activities and benefit to the community. Activities should 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: (Please print)**

|  | Name  | Home Mailing Address | Postal Code | Telephone |       |
|--|-------|----------------------|-------------|-----------|-------|
|  |       |                      |             | Bus.      | Res.  |
| President  | _____ | _____                | _____       | _____     | _____ |
| Vice-President                                     | _____ | _____                | _____       | _____     | _____ |
| Secretary  | _____ | _____                | _____       | _____     | _____ |
| Treasurer  | _____ | _____                | _____       | _____     | _____ |
| Calcutta Chairperson                               | _____ | _____                | _____       | _____     | _____ |
| Mailing Contact<br>(if different from Chairperson) | _____ | _____                | _____       | _____     | _____ |

**THIS CALCUTTA AUCTION WILL BE HELD AT:**

Name of Premises: \_\_\_\_\_

Address: \_\_\_\_\_

Premises owned by: \_\_\_\_\_

Calcutta to be held in conjunction with what event: \_\_\_\_\_

Period of lottery: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

|  |          |
|--|----------|
| <b>SCHEDULE OF PRIZE PAYOUTS</b><br>Describe method clearly<br>Attach information if necessary | 1. _____ |
|  | 2. _____ |
|  | 3. _____ |
|  | 4. _____ |

|  |              |  |
|--|--------------|--|
| <b>HOW WILL THE PROFITS FROM THIS LOTTERY BE USED? (SPECIFY IN DETAIL)</b> |              | Show percentage of<br>profits to be used for<br>each |
| 1. _____   |              | _____ %  |
| 2. _____   |              | _____ %  |
| 3. _____   |              | _____ %  |
| Attach appendix if required  | <b>TOTAL</b> | <b>100%</b>  |

|   |                              |
|---|------------------------------|
| <b>LOTTERY BANK ACCOUNT</b><br>A separate lottery account must be established for deposit of total revenue and from which all expenses and disbursements for approved objectives shall be made by cheque. |                              |
| Name and Address of Financial Institution _____   | Lottery Account Number _____ |

|  |
|--|
| <b>AT WHAT ADDRESS ARE YOUR RECORDS PHYSICALLY KEPT?</b> |
| Address: _____   |

|  |
|--|
| <b>TO WHOM, AND TO WHAT ADDRESS WOULD IMPORTANT NOTICES BE HAND-DELIVERED?</b> |
| Name: _____ Address: _____   |

|   |             |           |                       |
|---|-------------|-----------|-----------------------|
| <b>CERTIFICATION: SIGNATURES OF TWO (2) PRINCIPAL OFFICERS ARE REQUIRED.</b><br>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. |             |           |                       |
| _____   | SIGNATURE   | _____     |                       |
| _____   | PRINT NAME  | _____     |                       |
| _____   | OFFICE HELD | _____     |                       |
| _____   | ADDRESS     | _____     |                       |
| _____   | POSTAL CODE | _____     |                       |
| RES. _____  | BUS. _____  | TELEPHONE | RES. _____ BUS. _____ |

FOURTEEN PERCENT (14%) OF THE GROSS RECEIPTS FROM THE CONDUCT OF THE CALCUTTA AUCTION SHALL BE RETAINED BY THE ORGANIZATION LICENSED TO CONDUCT THE CALCUTTA AUCTION.

**NOTE: ENCLOSE LIST OF ANTICIPATED EXPENSES WITH APPLICATION**

ANY EXPENSES INCURRED IN THE CONDUCT OF THE AUCTION SHALL BE DEDUCTED FROM THE FOURTEEN PERCENT (14%) RETAINED. THE BALANCE OF GROSS RECEIPTS EXCLUSIVE OF THE LICENCE FEE (1.5 % OF GROSS REVENUE) SHALL CONSTITUTE THE PROCEEDS TO BE PAID TO THE WINNERS OF THE AUCTION.

THE FULL LICENCE FEE IS PAYABLE WITH SUBMISSION OF YOUR FINANCIAL REPORT.

**SEND COMPLETED APPLICATION TO:**

Manitoba Gaming Control Commission  
 800 - 215 Garry Street  
 Winnipeg, Manitoba  
 R3C 3P3

**LICENSING INQUIRIES OR ASSISTANCE:**

Telephone: (204) 954-9400  
 Toll Free: 1-800-782-0363  
 Toll Free Fax: 1-866-999-6688

**WRITTEN APPLICATION MUST BE MADE TO THE MANITOBA GAMING CONTROL COMMISSION  
 FOR APPROVAL OF ANY PROPOSED CHANGES**