



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
 Website: 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 (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: _____

SCHEDULE OF PRIZE PAYOUTS Describe method clearly Attach information if necessary	1. _____
	2. _____
	3. _____
	4. _____

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

LOTTERY BANK ACCOUNT	
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 _____

AT WHAT ADDRESS ARE YOUR RECORDS PHYSICALLY KEPT?
Address: _____

TO WHOM, AND TO WHAT ADDRESS WOULD IMPORTANT NOTICES BE HAND-DELIVERED?
Name: _____ Address: _____

CERTIFICATION: SIGNATURES OF TWO (2) PRINCIPAL OFFICERS ARE REQUIRED.	
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**