



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

# SPORTS DRAFT 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	_____	_____	_____	_____	_____
Sports Draft Chairperson	_____	_____	_____	_____	_____

**HOW WILL THE PROFITS FROM THIS LOTTERY BE USED?** (SPECIFY IN DETAIL)

1. _____	_____ %
2. _____	_____ %
3. _____	_____ %
Attach appendix if required	
<b>TOTAL</b>	<b>100%</b>

**DETAILS OF PROPOSED LOTTERY SCHEME**

Name of the series of sporting events: \_\_\_\_\_  
 Series start date: \_\_\_\_\_ Series end date: \_\_\_\_\_ Closing date of ticket sales: \_\_\_\_\_  
 Name of publications in which standings will appear: \_\_\_\_\_  
 \_\_\_\_\_  
 Ticket selling price: \_\_\_\_\_ No. of tickets printed: \_\_\_\_\_  
 Total retail prize value: \_\_\_\_\_ Your cost: \_\_\_\_\_  
 (Excluding taxes) (Including taxes)

**DOES YOUR ORGANIZATION HAVE CURRENT FUNDS TO COVER THE TOTAL VALUE OF ALL PRIZES?**

YES  NO

If yes, please provide a copy of your organization's most current bank statement.  
If no, an irrevocable letter of credit or bank draft from a bank or other financial institution must be submitted with this application.

**ESTIMATED EXPENSES** to operate this lottery:

Advertising \_\_\_\_\_

Distribution \_\_\_\_\_

Other (Specify) \_\_\_\_\_

Total \_\_\_\_\_

(CANNOT EXCEED 10% OF GROSS REVENUE):

**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.

\_\_\_\_\_  
Lottery Account Number

\_\_\_\_\_  
Name and address of Financial Institution

**THE SPORTS DRAFT LICENCE FEE IS 1.5% OF GROSS REVENUE AND IS TO BE SUBMITTED WITH YOUR FINANCIAL REPORT**

**ATTACH A COPY OF THE RULES GOVERNING YOUR SPORTS DRAFT LOTTERY**

Rules shall include choice of players, point accumulation, final date entries must be received to be eligible for participation, method of resolving ties and unclaimed prizes, etc.

**ATTACH YOUR TICKET SAMPLE.**

Please refer to Part VI of Sports Draft Terms and Conditions.

**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. \_\_\_\_\_

**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**