Application for Permit to Conduct a Raffle

*Lotteries Act 1964*

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| **Information for Applicants** | | | | | | | | |
| 1. This application must be completed in accordance with the ‘Information and Conditions’ available on the Commission’s website. 2. Approval of this Raffle is conditional upon the information submitted in and with the application. 3. Complete all relevant sections of the form. Any omissions may result in your application being delayed or returned. 4. You must allow 7 business days for the processing of a correctly submitted application. 5. You may lodge your application by post, or **if paying by credit card,** by email ([lotteries@act.gov.au](mailto:lotteries@act.gov.au)) or fax. 6. **Alternatively**, lodge your application by online Smartform at: [http://www.gamblingandracing.act.gov.au/gambling/lotteries/raffles](http://www.gamblingandracing.act.gov.au/gambling/lotteries/raffles%20%20)   **if paying by credit card.**   1. Fees are payable and the fee structure is available on the Commission’s website. | | | | | | | | |
| **Details of Organisation (Promoter)** | | | | | | | | |
| Name of Promoter | |  | | | | | ABN/ACN |  |
| Business Address | |  | | | | | | |
| Postal Address | |  | | | | | | |
| Telephone |  | | Fax |  | Email |  | | |
| **Details of Agent (person acting on behalf of promoter) if applicable** | | | | | | | | |
| Attach a letter from the organisation authorising the agent to obtain the permit for this Raffle | | | | | | | | |
| Name of Agent | |  | | | | | ABN/ACN |  |
| Business Address | |  | | | | | | |
| Postal Address | |  | | | | | | |
| Telephone |  | | Fax |  | Email |  | | |

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| **Notification Details** | |
| Email address for issue of permit |  |

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| **Key Dates and Information** | | | | | | | | |
| Date and time of draw |  | | | Draw venue address | | |  | |
| Date winner/s will be notified |  | | | Method by which winners will notified(1) | | |  | |
| Date of publication of winner/s(2) |  | | | Name of publication | | |  | |
| 1. All winners must be notified directly, by means of e-mail, mail or fax, within 21 days of the determination of the results 2. The organiser must publish as soon as practical the results in a suitable medium, such as the organiser’s website or a newspaper distributed in the region. | | | | | | | | |
| **Details of Prizes and Tickets** | | | | | | | | |
| Prize List Summary | | *(if more room required please attach a full list of prizes including retail value for each prize)*  Retail Value Description | | | | | | |
| 1st | | $ | | | | | | |
| 2nd | | $ | | | | | | |
| 3rd | | $ | | | | | | |
| Total prize value (value ACT residents are eligible to win) | |  | Maximum number of tickets to be sold\* | |  | Cost per ticket\* | |  |
| \*The total value of tickets sold in ACT must not exceed:   * Five times the value of prizes where the total value of prizes is less than $10,000; or * Ten times the value of prizes where the total value of prizes is equal to or greater than $10,000. | | | | | | | | |
| **Details of Beneficiary** | | | | | | | | |
| **Attach a letter of authority from beneficiary if the organisation is not also the beneficiary** | | | | | | | | |
| Beneficiary of the raffle | |  | | | | | | |

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| **Additional Information for Applicants** | |
| If an individual prize has a value equal to or greater than $2,000 a copy of the ticket to be sold needs to be attached. Each ticket is required to display the following information:   * A full description stating the nature and retail value of each prize * The provision for the permit number issued by the Commission * The beneficiary and purpose of the raffle * A sequential number * Any conditions attached to the prize * The time date and location of the draw * Where and when the results will be published | |
| **Declaration** | |
| *I have read and agree to abide by the conditions set out in the Raffle ‘Information and Conditions’ sheet issued by the ACT Gambling and Racing Commission.* | |
| Signature of person submitting this application |  |
| Name in Block Letters |  |
| Position in Organisation |  |
| **Office use only** | |
| Delegate / / Permit R ............/................. | |
| **Important Information** | |
| 1. Payment must accompany the application. The application will not be processed if the fee has not been received. 2. You must allow 7 business days for the processing of a correctly lodged application. 3. If the prizes in the promotion are allocated on a state-by-state basis, the relevant prize value for the purpose of calculating the determined fee is the total value of prizes that ACT residents are eligible to win. 4. The application fee is GST exempt. A receipt will be issued on request but not an invoice. 5. Payment may be made by credit card, cheque or money order. 6. Cheques or money orders should be made payable to the “ACT Gambling and Racing Commission”. 7. If an application is withdrawn prior to its assessment the submitted fee will be refunded less an administration fee. 8. If an application is rejected or withdrawn after commencement of its assessment the fee will not be refunded. 9. Credit card payments must be made by completing the credit card authority below. A signature is required on both the application form and the credit card authority. | |
| **Checklist** | |
| Please ensure your application is accompanied by the following:   * The correct permit fee; * Where necessary, a letter of authority authorising the agent to apply for a permit on behalf of the promoter; * The terms and conditions of entry which are in accordance with the “Information and Conditions” sheet available on the Commission’s website; and   Please ensure that:   * You have completed all parts of the application form; * You have signed the application form in the correct place; * If you are paying by credit card, you have completed and signed the credit card authority and have provided the correct details; and * If you are paying by cheque you have attached your cheque to the application form | |

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| **Credit Card Authority** |
| Card Type □ Mastercard □ Visa  Card Number \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ Expiry /  Amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name on Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Is receipt required?** □ Yes □ No  Details of where receipt is to be sent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Office Use Only** |
| Processed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date / / Receipt Number |