



Liquor and Cannabis Regulation Branch
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CHARITY FUND-RAISING EVENT REVENUE REPORT

Liquor and Cannabis Regulation Branch Form LCRB032

Instructions:

Use this form to report all revenues and expenses associated with your charitable fund-raising event.

- The total profits from the entire event must be donated to charity, not just the profits from the sale of liquor.
- This form must be submitted to the Liquor and Cannabis Regulation Branch (LCRB) within 60 days after the event.
- Attach proof of charitable use of net proceeds. This proof may be a copy of a receipt, cancelled cheque or letter of thanks from the charity or any other document indicating that the profits have been received by the charity, or a copy of any media coverage.
- If the special event featured a licensed gaming element: do not report expenses already reported in the Gaming Revenue Report. Please attach a copy of the Gaming Revenue Report and proof of charitable use of net proceeds from the gaming event.
- Only fill in the fields that are applicable to your event.
- Additional documentation can be attached to this form if needed.
- You may complete this application on a computer, then print the number of copies you need. You will not be able to save the information you enter. If you are completing this application by hand, please print clearly using dark ink.
- If completed on a computer, the form will auto-calculate all given numbers.
- For joint SEP and auction events, expenses can be claimed as either SEP or auction expenses.
- Submit the completed form and any support documents by mail, fax or email.

Part 1: Organization and Event Information

Branch use only
 Job No:

Organization name:
(as shown on the special event permit)

Organization mailing address:
Unit, Street and/or PO Box City Province Postal Code

Name of event: Location of event:
City

Date(s) of event:
YYYY-MM-DD From To

Special Event Permit #: **Note:** If a Special Event Permit was issued for your event, please fill in Parts 2, 3 and 6

Auction Permit #: **Note:** If an auction permit was issued for your event, please fill in Parts 4, 5 and 6.

Part 2: Special Event Permit Related Revenues and Expenses

1. Provide the gross revenue for the permitted special events below and include PST where applicable. Do not use negative numbers.

SEP Gross Revenue		Additional Notes	
Total liquor sales:	\$ <input type="text"/>	1	<input type="text"/>
Food:	\$ <input type="text"/>	2	<input type="text"/>
Monetary donations:	\$ <input type="text"/>	3	<input type="text"/>
Ticket sales:	\$ <input type="text"/>	4	<input type="text"/>
Total miscellaneous revenues: <small>List details on separate sheet and attach Do not include gaming revenue</small>	\$ <input type="text"/>	5	<input type="text"/>
Interest income: <small>On the net proceeds of the event</small>	\$ <input type="text"/>	6	<input type="text"/>
Total gross revenue: <small>Add lines 1 to 6</small>	\$ <input type="text"/>	7	<input type="text"/>

2. Indicate expenses for the special event below. Do not report expenses already reported on the Gaming Revenue Report or in Part 4 of this form. Include PST where applicable. Do not use negative numbers.

SEP Expenses		Additional Notes	
Total liquor purchased:	\$ <input type="text"/>	8	<input type="text"/>
Special Event Permit:	\$ <input type="text"/>	9	<input type="text"/>
Food:	\$ <input type="text"/>	10	<input type="text"/>
Facility Rental:	\$ <input type="text"/>	11	<input type="text"/>
Staffing:	\$ <input type="text"/>	12	<input type="text"/>
Security Staffing:	\$ <input type="text"/>	13	<input type="text"/>
Entertainment:	\$ <input type="text"/>	14	<input type="text"/>
Insurance:	\$ <input type="text"/>	15	<input type="text"/>
PST remittance: <small>(e.g. if you sold taxable merchandise at your event)</small>	\$ <input type="text"/>	16	<input type="text"/>
Postage and mailing costs:	\$ <input type="text"/>	17	<input type="text"/>
Total miscellaneous expenses for the licensed special event <small>List details on separate sheet and attach</small>	\$ <input type="text"/>	18	<input type="text"/>
Bank or credit charges/fees/interest	\$ <input type="text"/>	19	<input type="text"/>
Total expenses for the licensed special event: <small>Add lines 8 to 19</small>	\$ <input type="text"/>	20	<input type="text"/>

3. Indicate the total net proceeds of the licensed gaming element, if any.

Total net proceeds for the licensed gaming element: <small>Indicate revenue loss by using (-) before the number Attach proof of charitable use</small>	\$ <input type="text"/>	21
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Part 3: Total Net Proceeds for the Special Event

Please provide proof of charitable use for the entire amount listed in line 24.

Total net special event proceeds: <small>Subtract line 20 from line 7</small>	\$ <input type="text"/>	22
Total net gaming proceeds for the licensed gaming element:	\$ <input type="text"/>	23
Total net proceeds for the Special Event: <small>If line 23 indicates profit, add lines 22 and 23 If line 23 indicates loss, subtract line 23 from line 22</small>	\$ <input type="text"/>	24

Part 4: Auction Related Revenues and Expenses

1. Provide the gross revenue for the auction below and include PST where applicable. Do not use negative numbers. Do not enter items already included in Part 2

Auction Revenue		Additional Notes	
Auctioned liquor revenues:	\$ <input type="text"/>	1	<input type="text"/>
Auctioned non-liquor revenues:	\$ <input type="text"/>	2	<input type="text"/>
Ticket sales:	\$ <input type="text"/>	3	<input type="text"/>
Monetary donations:	\$ <input type="text"/>	4	<input type="text"/>
Total miscellaneous revenues: <small>List details on separate sheet and attach Do not include SEP or gaming revenue</small>	\$ <input type="text"/>	5	<input type="text"/>
Total auction revenue: <small>Add lines 1 to 6</small>	\$ <input type="text"/>	6	<input type="text"/>

2. Indicate expenses for the auction below. Do not report expenses already reported on the Gaming Revenue Report or in Part 2 of this form. Include PST where applicable. Do not use negative numbers.

Auction Expenses			Additional Notes
Auctioned liquor purchase costs:	\$ <input type="text"/>	7	
Food:	\$ <input type="text"/>	8	
Facility rental:	\$ <input type="text"/>	9	
Staffing:	\$ <input type="text"/>	10	
Entertainment:	\$ <input type="text"/>	11	
Insurance:	\$ <input type="text"/>	12	
Payable Taxes:	\$ <input type="text"/>	13	
Administrative costs (including postage and mailing)	\$ <input type="text"/>	14	
Total miscellaneous expenses: List details on separate sheet and attach Do not include SEP or gaming revenue	\$ <input type="text"/>	15	
Total auction expenses: Add lines 7 to 15	\$ <input type="text"/>	16	Note: Total auction expenses cannot exceed 25% of the total auction revenue less the cost of liquor (line 7) Currently, 25% of your total auction revenue is: \$ <input type="text"/>

Part 5: Total Net Proceeds for the Auction

Total net auction proceeds \$ **17**
Subtract line 16 from line 6

If you are a registered charity, provide your registration number below:

Registration number*: *The registration number is the first 9 digits of your 15 digit GST registration number.

Otherwise, please attach a sheet with proof of charitable use for the entire amount listed in line 17.

Part 6: Certification

I, the undersigned representative, certify on behalf of the organization that all of the information stated is correct and that the organization has approved the submission of this report.

Report prepared by:

First Name: Last Name: Position within the organization:

Organization Street address:
Unit, Street and/or PO Box City Province Postal Code

Business phone number: Ext: Home phone number:

Cellphone number: Email:

Signature of representative: _____ Date signed:
YYYY-MM-DD

The information requested on this form is collected by the Liquor and Cannabis Regulation Branch under Section 26 (a) and (c) of the *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of liquor licensing and compliance and enforcement matters in accordance with the *Liquor Control and Licensing Act*. Should you have any questions about the collection, use, or disclosure of personal information, please contact the Freedom of Information Officer at PO Box 9292 STN PROV GVT, Victoria, BC, V8W 9J8 or by phone toll free at 1-866-209-2111.