



QUESTIONNAIRE RESPECTING APPLICANTS FOR LOTTERY LICENCE

1. Registered Name of Organization (as shown on Governing Documents): _____

Operating Name, if different: _____

Business Address: _____

Telephone Number: _____ Fax No. _____

Email Address: _____ Website: _____

2. Is the Organization incorporated as a non-profit organization with Ministry of Consumer & Business Services (Ontario)?

Yes No

Please provide registration date & number:

3. Is the Organization registered with Revenue Canada as a charity? Yes No

Please provide registration date & number:

4. How long has the Organization been providing services?

5. What category best describes the Organization?

- | | | |
|--|--|---------------------------------|
| <input type="checkbox"/> Advancement of Education | <input type="checkbox"/> Relief of Poverty | |
| <input type="checkbox"/> Health and Welfare | <input type="checkbox"/> Advancement of Religion | |
| <input type="checkbox"/> Other Charitable Purposes Beneficial to the Community: (Please specify sub-category√) | | |
| Culture & Arts | Health & Welfare | Amateur Sports Organizations |
| Enhancement of Youth | Public Safety Programs | Community Service Organizations |

6. Please list and describe the specific programs and services delivered by the Organization and associated cost (do not restate your mandate or mission statement):

<u>Services</u>	<u>Costs</u>
-----------------	--------------

- | | |
|----------|----|
| 1. _____ | 1. |
| 2. _____ | 2. |
| 3. _____ | 3. |
| 4. _____ | 4. |
| 5. _____ | 5. |

7. Approximate total number of members in the organization: _____

8. Date of fiscal year-end _____ Please indicate last day of filing _____ (date)

9. Does the Organization currently manage and conduct any gaming event (lotteries) within the City/Town of or other Municipalities?

Yes No

Please indicate type of gaming event and location (Municipality)

- | | | | |
|--------------------------------|----------------------------------|--|----------------------------------|
| <input type="checkbox"/> Bingo | <input type="checkbox"/> Raffle* | <input type="checkbox"/> Break Open Ticket | <input type="checkbox"/> Bazaars |
|--------------------------------|----------------------------------|--|----------------------------------|

*Please include name and address of Supplier registered under Gaming Control Act, 1992. _____

10. For the purpose of lottery licensing, all organizations must have a lottery trust account. Please complete the following information: _____

Name of Bank and Address: _____ Trust Account number: _____

Date Opened: _____

11. Would you like to pick up the Licence?

Yes _____ Telephone Number: (_____) _____ No ___ If no, licence will be mailed out.

Contact Name and Mailing address: _____

Designated Members in Charge

All Designated Members in Charge must be bona fide members of the organization and are required to complete this form

We, as active, bona fide members of _____
(organization)

hereby certify that as the designated members in charge of the lottery for which this application is made, will be responsible for the management and conduct of the lottery in accordance with the terms and conditions under which the lottery licence is issued. We, as bona fide members, have signing authority, hold a senior position with the organization and will be present at the bingo event. (In addition to the three bona fide members listed below, please include a list of six to eight names, including positions within the organization and telephone numbers (during the day) in order to deal with scheduling and unscheduled absences.)

3. Print Name in Full _____ Title _____

Other Position(s) held in Organization _____

Home Address _____

Number and Street: _____

City and Province : _____ Postal Code : _____

Phone Numbers _____

Business _____ Home : _____

Date _____ Signature _____

2. Print Name in Full _____ Title _____

Other Position(s) held in Organization _____

Home Address _____

Number and Street: _____

City and Province : _____ Postal Code : _____

Phone Numbers _____

Business _____ Home : _____

Date _____ Signature _____

3. Print Name in Full _____ Title _____

Other Position(s) held in Organization _____

Home Address _____

Number and Street: _____

City and Province : _____ Postal Code : _____

Phone Numbers _____

Business _____ Home : _____

Date _____ Signature _____

- | | | |
|----------------------------------|----|---|
| Names of additional volunteers : | 1. | 5 |
| | 2. | 6 |
| | 3. | 7 |
| | 4 | 8 |