



If this information is required in an alternate format, please contact the Accessibility Coordinator at 905-623-3379 ext. 2131.

Questionnaire Respecting Applicants for Lottery Licence

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

Operating Name, if different: _____

Business Address: _____

Telephone Number: _____

Fax No.: _____

E-mail Address: _____

Website: _____

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

Please provide registration date & number: _____

How long has the Organization been providing services? _____

What category best describes the Organization?

- Advancement of Education
- Relief of Poverty
- Health and Welfare
- Advancement of Religion

Other charitable purposes beneficial to the community: (Please specify sub-category)

- Culture and Arts
- Enhancement of Youth
- Health and Welfare
- Public Safety Programs
- Amateur Sports Organizations
- Community Service Organizations

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

| Services | Costs |
|----------|-------|
| | |
| | |
| | |

Approximate total number of members in the organization: _____

Date of fiscal year-end: _____

Please indicate last day of filing (date): _____

Does the Organization currently manage and conduct any gaming event (lotteries) within another municipality? _____

Please indicate the type of gaming event and location (Municipality)

- Bingo
- Raffle
- Break-Open
- Bazaar

Municipality: _____

Please include name and address of Supplier registered under the Gaming Control Act, 1992: _____

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

Name of Bank and Address: _____

Trust Account Number: _____

Date Opened: _____

Would you like to pick up the licence? If no, the licence will be mailed out: _____

Contact Name, Number 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 lottery 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.)

Member:

Print name in full: _____

Title: _____

Other Position(s) held in organization: _____

Home Address (in full): _____

Business Phone Number: _____

Home/Cell Phone Number: _____

Date: _____

Signature: _____

Member:

Print name in full: _____

Title: _____

Other Position(s) held in organization: _____

Home Address (in full): _____

Business Phone Number: _____

Home/Cell Phone Number: _____

Date: _____

Signature: _____

Member:

Print name in full: _____

Title: _____

Other Position(s) held in organization: _____

Home Address (in full): _____

Business Phone Number: _____

Home/Cell Phone Number: _____

Date: _____

Signature: _____

Names of additional volunteers along with their title:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____