

REVISED : OCTOBER 2015

The Corporation of the Municipality of West Nipissing
QUESTIONNAIRE RESPECTING APPLICANTS FOR LOTTERY LICENCE SCHEDULE "A" of LOTTERY LICENSING BY-LAW 2015/82

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?
 Advancement of Education Relief of Poverty Advancement of Religion
 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):

SERVICES	COSTS
(1)	
(2)	
(3)	
(4)	
(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):
 Bingo _____ Raffle _____ Break Open Ticket _____ 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.)

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 :		

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 :		

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