



QUESTIONNAIRE RESPECTING APPLICANTS FOR LOTTERY LICENCE

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

Operating Name, if different:
Business Address:
Telephone Number:
Email Address:
Fax No.
Website:

2. Is the Organization incorporated as a non-profit organization with Ministry of Consumer & Business Services (Ontario)?
Please provide registration date & number:

3. Is the Organization registered with Revenue Canada as a charity?
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, Health and Welfare, Advancement of Religion, Other Charitable Purposes Beneficial to the Community:

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):

Table with 2 columns: Services, Costs. Rows 1-5 for listing programs and costs.

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 Municipality of Russell or other Municipalities?
Please indicate type of gaming event and location (Municipality)

Bingo, Raffle, Break Open Tickets, 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 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:	Cell:	Home :
Email			
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:	Cell:	Home :
Email			
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:	Cell:	Home :
Email			
Date			
Signature			

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