

## Municipality of Northern Bruce Peninsula 56 Lindsay Road 5, R.R. #2, Lion's Head, ON NOH 1W0 Telephone: (519) 793-3522 • Fax: (519) 793-3823 www.northbrucepeninsula.ca

## QUESTIONNAIRE RESPECTING APPLICANTS FOR LOTTERY LICENCE

	Operating Name, if different:						
	Business Address:  Telephone Number:  Fax No.  Fax No.						
	Email Address: Fax No Fax No						
	Is the Organization incorporated as a non-profit organization with Ministry of Cons ☐ Yes ☐ No	,					
	Please provide registration date & number:						
	Is the Organization registered with Revenue Canada as a charity? ☐ Yes ☐ No						
	Please provide registration date & number:						
	How long has the Organization been providing services?	How long has the Organization been providing services?					
	☐ Advancement of Education ☐ Relief of Poverty ☐ Health and Welfare ☐ Advancement of Religion						
	☐ Other Charitable Purposes Beneficial to the Community: (Please specify subCulture & Arts _ Health & Welfare _ Amateur Sp Enhancement of Youth _ Public Safety Programs _ Community  Please list and describe the specific programs and services delivered by the Organ your mandate or mission statement):	orts Organizations Service Organizations nization and associated cost (do not res					
	☐ Other Charitable Purposes Beneficial to the Community: (Please specify subCulture & Arts Health & Welfare Amateur Sp Enhancement of Youth _ Public Safety Programs Community  Please list and describe the specific programs and services delivered by the Organ	orts Organizations Service Organizations					
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	☐ Health and Welfare ☐ Advancement of Religion ☐ Other Charitable Purposes Beneficial to the Community: (Please specify subCulture & Arts ☐ Health & Welfare ☐ Amateur Spinger ☐ Enhancement of Youth ☐ Public Safety Programs ☐ Community  Please list and describe the specific programs and services delivered by the Organ your mandate or mission statement):  Services  1	orts Organizations Service Organizations  nization and associated cost ( <u>do not</u> res <u>Costs</u> 1.					
	☐ Health and Welfare ☐ Advancement of Religion ☐ Other Charitable Purposes Beneficial to the Community: (Please specify subCulture & Arts ☐ Health & Welfare ☐ Amateur Sp Enhancement of Youth ☐ Public Safety Programs ☐ Community  Please list and describe the specific programs and services delivered by the Organ your mandate or mission statement):	orts Organizations Service Organizations  nization and associated cost ( <u>do not</u> res <u>Costs</u> 1.					
	☐ Health and Welfare ☐ Advancement of Religion ☐ Other Charitable Purposes Beneficial to the Community: (Please specify subCulture & Arts ☐ Health & Welfare ☐ Amateur Spinger ☐ Enhancement of Youth ☐ Public Safety Programs ☐ Community  Please list and describe the specific programs and services delivered by the Organ your mandate or mission statement):  Services  1	orts Organizations Service Organizations  nization and associated cost (do not res  Costs  1					
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	<ul> <li>☐ Health and Welfare</li> <li>☐ Other Charitable Purposes Beneficial to the Community: (Please specify subCulture &amp; Arts Health &amp; Welfare Amateur Sp Enhancement of Youth _ Public Safety Programs Community</li> <li>Please list and describe the specific programs and services delivered by the Organyour mandate or mission statement):         <ul> <li>Services</li> </ul> </li> <li>1</li></ul>	orts Organizations Service Organizations  nization and associated cost (do not res  Costs  1					

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	Peninsula or other Municipalities' ☐ Yes ☐ No	?				
	Please indicate type of gaming event and location (Municipality)					
	□ Bingo □	Raffle*	□ Break Open Tick	et	□*Bazaars	
	*Please include name and addres		•			
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 Accou	nt number: d:	
11.	Would you like to pick up the Lice Yes Telephone Number			_		
	No If no, licence will be	e mailed out.				
	Contact Name and Mailing addre	SS:				
		Designated	d Members in Charge			
this fo				_		
We, as	s active, bona fide members of _		(organization)			
	y certify that as the designated manible for the management and confidence is issued. We as bona	onduct of the lotte	ery in accordance with the	ne terms and		
lottery and w to eigl	ill be present at the bingo event.  nt names, including positions wi  uling and unscheduled absences.	(In addition to the thin the organizat	ne three bona fide memb	ers listed belo	sition with the organization ow, please include a list of s	
lottery and w to eigh schedu	ill be present at the bingo event. at names, including positions wi	(In addition to the thin the organizat	ne three bona fide memb	ers listed belo	sition with the organization ow, please include a list of s	
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Print Name in Full		
Title		
Other Position(s) held in Organiza	tion	
Home Address	Number and Street:	
	City and Province:	Postal Code:
Phone Numbers	Business:	Home:
Email Address		
Date		
Signature		
Print Name in Full		
Title		
Other Position(s) held in Organiza	ntion	
Home Address	Number and Street:	
	City and Province:	Postal Code:
Phone Numbers	Business:	Home:
Email Address		
Date		
Signature		
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	3	7

Personal information collected on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001 c. 25 and will be used for the purpose of creating a record to determine eligibility for a lottery license. Questions about this collection should be addressed to the Clerk of the Municipality of Northern Bruce Peninsula at 56 Lindsay Road 5, Lion's Head, ON N0H1W0, 519-7933522 Ext 236.