56 Lindsay Road 5, R.R. \#2, Lion's Head, ON NOH 1 WO Telephone: (519) 793-3522 • Fax: (519) 793-3823
www.northbrucepeninsula.ca

## QUESTIONNAIRE RESPECTING APPLICANTS FOR LOTTERY LICENCE

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

Operating Name, if different:
Business Address:
Telephone Number $\qquad$ Fax No.
Website: $\qquad$
2. Is the Organization incorporated as a non-profit organization with Ministry of Consumer \& Business Services (Ontario)?
$\square$ Yes
No
Please provide registration date \& number:
3. Is the Organization registered with Revenue Canada as a charity? $\square$ Yes $\square$ No

Please provide registration date \& number: $\qquad$
4. How long has the Organization been providing services? $\qquad$
5. What category best describes the Organization?
$\square$ Advancement of Education
Relief of Poverty
$\square$ Health and Welfare
$\square$ Advancement of Religion
$\square$ Other Charitable Purposes Beneficial to the Community: (Please specify sub-category $\sqrt{ }$ )
_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. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |

7. Approximate total number of members in the organization: $\qquad$
8. Date of fiscal year-end $\qquad$ Please indicate last day of filing (date)
9. Does the Organization currently manage and conduct any gaming event (lotteries) within the Municipality of Northern Bruce

Peninsula or other Municipalities?
$\square$ Yes $\square$ No

Please indicate type of gaming event and location (Municipality)
$\square$ Bingo $\_\square$ Raffle $^{\ldots} \quad \square$ Break Open Ticket $\_$Bazaars $\longrightarrow$
*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: $\qquad$ Trust Account number: Date Opened: $\qquad$
11. Would you like to pick up the Licence?

Yes $\qquad$ Telephone Number: ( ( ) $\qquad$
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 $\qquad$ (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 |  | Postal Code: |
| Home Address | Number and Street: | Home: |
| City and Province: |  |  |
| Emane Numbers | Business: |  |
| Date |  |  |
| Signature |  |  |


| Print Name in Full |  |  |
| :--- | :--- | :--- |
| Title |  |  |
| Other Position(s) held in Organization |  | Postal Code: |
| Home Address | Number and Street: |  |
| City and Province: | Home: |  |
| Phone Numbers | Business: |  |
| Email Address |  |  |
| Date |  |  |
| Signature |  |  |


| Print Name in Full |  |  |
| :---: | :---: | :---: |
| Title |  |  |
| Other Position(s) held in Organization |  |  |
| Home Address | Number and Street: <br> City and Province: | Postal Code: |
| Phone Numbers | Business: | Home : |
| Email Address |  |  |
| Date |  |  |
| Signature |  |  |

Names of additional volunteers : 1.
$3 . \quad 7$
4 8

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 N0H1 W0, 519-7933522 Ext 236.

