



Town of Amherstburg



QUESTIONNAIRE RESPECTING APPLICANTS FOR LOTTERY LICENCE

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. Describe your organization's aims and objectives:

6. 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 & Arts

_ Health & Welfare

_ Amateur Sports Organizations

_ Enhancement of Youth

_ Public Safety Programs

_ Community Service Organizations

7. 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. _____

8. Approximate number of members in the organization: _____

9. Date of fiscal year-end _____ Please indicate last day of filing _____ (date)

10. 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. _____

11. 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: _____



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12. Would you like to pick up the Licence?

Yes _____ Telephone Number: (_____) _____

No _____ If no, licence will be mailed out.

Contact Name and Mailing address:

We the undersigned, declare that all information provided in and with this statement is factual and correct.

Print Name

Signature

Title

Date

Person to be contacted regarding questions with this application:

Name

Phone Number

Email

The Application must be accompanied by the following documents:

- ✚ A copy of the organization's Articles of Incorporation and or/ Constitution/ Letter Patent, as well as, any by-laws, if applicable.
- ✚ A copy of a letter from Canada Customs and Revenue Agency recognizing charitable status under the Income Tax Act, if applicable.
- ✚ A list of names, addresses and telephone numbers of the applicant's current executive.
- ✚ A copy of the organization's previous year's financial statement.
- ✚ Letter outlining or detailing the types of programs/services that are provided by the organization.

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.)

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