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:				
	Telephone Number:				
	Email Address:				
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.	In the Organization registered with Boy	vanua Canada aa a aharitu 2			
J.	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?				
 6. 	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 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				
(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?				
	Please indicate type of gaming event and location (Municipality): Bingo				
	*Please include name and address of Supplier registered under Gaming Control Act, 1992.				
10.	For the purpose of lottery licensing, all following information:	Please complete the			
	Name of Bank and Address: Trust Account number: Date Opened:				
11.	Would you like to pick up the Licence? YesTelephone Number: () NoIf no, licence will be mailed out.				
	Contact Name and Mailing address:				

DESIGNATED MEMBERS IN CHARGE

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 binge event. (In addition to the three bona fide members (lotted below, please include all sit of six to eight members, lotted 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: Print Name in Full: Print Name in Full: Title: Other Position(s) held in Organization: Number and Street: City and Province: Postal Code: Phone Numbers: Business: Number and Street: City and Province: Phone Numbers: Business: Print Name in Full: Title: Other Position(s) held in Organization: Print Name in Full: Title: Print Name in Full: Title: Other Position(s) held in Organization: Phone Numbers: Business: Number and Street: City and Province: Postal Code: Phone Numbers: Signature: Print Name in Full: Title: City and Province: Postal Code: Phone Numbers: Signature: Print Name in Full: Title: City and Province: Postal Code: Phone Numbers: Signature: Print Name in Full: Title: City and Province: Postal Code: Phone Numbers: Signature: Print Name in Full: Title: City and Province: Postal Code: Phone Numbers: Signature: Print Name in Full: Title: City and Province: Postal Code: Postal Code: Phone Numbers: Signature: Postal Code: Postal Code: Phone Numbers: Signature: Print Name in Full: Title: City and Province: Postal Code: Postal Code: Phone Numbers: Signature: Postal Code: Postal Code	All Designated Members in Char complete this form.	ge must be bona fide members of t	he organiza	ation and are required to			
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 binge event. (In addition to the three bona fide members (buring the day) in order to deal with scheduling and unscheduled absences.) Print Name in Full:	We, as active, bona fide members of						
Title :	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						
Other Position(s) held in Organization : Home Address : Number and Street : Postal Code : Phone Numbers : Business : Home : 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 : Other Position(s) held in Organization: Phone Numbers : Business : Number and Street : City and Province : Postal Code : Phone Numbers : Business : Home : Date : Signature : Number and Street : City and Province : Postal Code : Phone Numbers : Business : Home : Signature : <td< th=""><th>Print Name in Full :</th><th></th><th></th><th></th></td<>	Print Name in Full :						
Number and Street : City and Province :	Title:						
City and Province : Postal Code : Postal	Other Position(s) held in Organization :						
City and Province : Postal Code : Postal		Number and Street :					
Date : Signature :	Home Address :	City and Province :	İ	Postal Code :			
Signature: Print Name in Full: Title: Other Position(s) held in Organization: Home Address: Mumber and Street: City and Province: Postal Code: Phone Numbers: Business: Home: Print Name in Full: Title: Other Position(s) held in Organization: Number and Street: City and Province: Postal Code: Phone Numbers: Business: Home: Date: Signature: Names of additional volunteers: 1. 5 2. 6 3. 7	Phone Numbers :	Business :	Home :				
Print Name in Full: Title: Other Position(s) held in Organization: Home Address: City and Province: Business: Business: Print Name in Full: Title: Other Position(s) held in Organization: Print Name in Full: Title: Other Position(s) held in Organization: Home Address: City and Province: Print Name in Full: Title: Other Position(s) held in Organization: Phone Numbers: Business: Phone Numbers: Business: Flore: Postal Code: Postal Code: Postal Code: Posta	Date :						
Number and Street :	Signature :						
Number and Street :							
Other Position(s) held in Organization: Number and Street:	Print Name in Full :						
Home Address: Number and Street: Postal Code: Phone Numbers: Business: Home: 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. 3. 7	Title:						
Home Address: City and Province: Business: Business: Business: Business: Business: Frint Name in Full: Title: Other Position(s) held in Organization: Home Address: City and Province: Phone Numbers: Business: Business: Business: Home: Number and Street: City and Province: Phone Numbers: Business: Business: Business: Foreign the me: Postal Code: Postal Code: Postal Code: Postal Code: Address: Date: Signature: Names of additional volunteers: 1. 5 2. 6 3. 7	Other Position(s) held in Organization :						
City and Province :	Home Address:	Number and Street :					
Date: Signature: Print Name in Full: Title: Other Position(s) held in Organization: Home Address: City and Province: Phone Numbers: Business: Date: Signature: Names of additional volunteers: 1. 5 2. 6 3. 7	Home Address .	City and Province :		Postal Code :			
Signature: Print Name in Full: Title: Other Position(s) held in Organization: Home Address: City and Province: Phone Numbers: Business: Home: Signature: Names of additional volunteers: 1. 5 2. 6 3. 7	Phone Numbers :	Business :	Home :				
Print Name in Full: Title: Other Position(s) held in Organization: Home Address: City and Province: Phone Numbers: Business: Business: Home: Names of additional volunteers: 1. 5 2. 6 3. 7	Date:						
Title: Other Position(s) held in Organization: Home Address: City and Province: Phone Numbers: Business: Business: Home: Signature: Names of additional volunteers: 1. 5 2. 6 3. 7	Signature :						
Title: Other Position(s) held in Organization: Home Address: City and Province: Phone Numbers: Business: Business: Home: Signature: Names of additional volunteers: 1. 5 2. 6 3. 7							
Other Position(s) held in Organization: Number and Street: City and Province: Postal Code: Phone Numbers: Home: Date: Signature: Names of additional volunteers: 1. 5 2. 6 3. 7	Print Name in Full :						
Number and Street : City and Province : Postal Code :	Title:						
Home Address: City and Province: Phone Numbers: Business: Home: Signature: Names of additional volunteers: 1. 5 2. 6 3. 7	Other Position(s) held in Organization:						
Phone Numbers : Business : Home :	Home Address :						
Date : Signature : Names of additional volunteers : 1. 5 2. 6 3. 7		City and Province : Postal Code :		Postal Code :			
Names of additional volunteers:	Phone Numbers :	Business :	Home :				
Names of additional volunteers: 1. 5 2. 6 3. 7	Date:						
2. 6 3. 7	Signature :						
2. 6 3. 7							
3. 7	Names of additional volunteers :	1.	5				
		2.	6	6			
4 8		3.	7				
		4	8				