ELIGIBILITY QUESTIONNAIRE FOR LOTTERY LICENCES

Name of Organization								
Business Address								
						(include	e post	al code)
Mailir	ng Address							
	-					(if diffe	rent fi	rom above)
Туре	of Lottery L	icence	being appli	ied for	in the	City of	Strat	tford:
	Bingo		Break Open	Ticket		Raffle		Bazaar
Is the organization incorporated as a non-profit organization in the Province of Ontario?								
	Yes	_ Incor	poration #					_ No
Is the organization registered with Canada Customs and Revenue Agency as a charitable organization?								
	Yes	_ Regis	tration #					_ No
How	long has the	e organ	ization bee	n in ex	istend	:e?		
How	many perso	ns com	prise your	curren	t mem	bership)?	
						-		
	ribe the requiration in the					meet in	orde	r to become
		-						
Desci	ribe your or	ganizat	ion's aims	and ob	jectivo	es.		
What	category b			organ				
	Advancemer					of Pover	•	
□ If oth	Advancemer		0		Uther	benefit I	to the	community
	ner, specify s Culture & Ar		legory:	П	Haaltk	n & Welfa	are	
	Enhancemer		Jth			eur Sport		
	Public Safety					•		Organization
Indicate the specific purpose(s) for which lottery proceeds will be used (attach separate list if necessary). Information will be used to update annual lists on file.								

Organization	n's Fiscal Year-End D	ate			
		ensed, or ever been licensed, in any ngo, break open ticket or raffle			
	Yes 🗆 No				
If yes,	, specify type and Mu	inicipality			
-	anization ever had a Yes 🛛 No	licence revoked or refused?			
	If yes, where?				
	5	ng, all organizations must have a nplete the following information:			
Name of Bar	nk:				
Address of B	Bank:				
Trust Accou	nt number:	Date opened:			
When submi following:	itted, this questionn	aire must be accompanied by the			
		by of the organization's Governing rticles of Incorporation, Constitution, Letters parter)			
:	 Registered Charities must confirm their charitable status by providing a copy of the most recent filing with Revenue Canada. List of the Board of Directors, including names, addresses and phone numbers. 				
:					
	4. Number of current members (if applicable)				
!	5. Financial Statement for the last completed fiscal year-end.				
	6. Proposed Budget fo	r current year.			
keeping and		rganization who will be responsible for s of all financial transactions pertaining porting:			
Name					
Addres	ss				
		(include postal code)			

Telephone: ______ Email: _____

This Eligibility Questionnaire must be signed by two (2) principal officers of the organization.

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

Print name of Principal Officer	Print name of Principal Officer
Signature of Principal Officer	Signature of Principal Officer
Title of Principal Officer	Title of Principal Officer
Date	Date

Notice of Collection

Personal information on this form is collected under the authority of the Order in Council, October 27, 1993 and will be used by Clerk's office staff for the purpose of lottery licensing. Questions regarding this collection should be forwarded to the City Clerk at (519) 271-0250 ext.235 during business hours.