ELI GIBI LITY QUESTI ONNAI RE FOR LOTTERY LI CENCES
Name of Organization $\qquad$
Business Address $\qquad$
(include postal code)
Mailing Address $\qquad$
(if different from above)
Type of Lottery Licence being applied for in the City of Stratford:
$\square$ Bingo $\quad \square \quad$ Break Open Ticket $\square \quad$ Raffle $\quad$ Bazaar

Is the organization incorporated as a non-profit organization in the Province of Ontario?

Yes $\qquad$ Incorporation \# $\qquad$ No $\qquad$
Is the organization registered with Canada Customs and Revenue Agency as a charitable organization?

Yes $\qquad$ Registration \# $\qquad$ No $\qquad$

How long has the organization been in existence? $\qquad$
How many persons comprise your current membership? $\qquad$

Describe the requirements that a person must meet in order to become a bona fide member of your organization?

Describe your organization's aims and objectives.

## What category best describes your organization?

| $\square$ | Advancement of education | $\square$ | Relief of Poverty <br> Other benefit to the community |
| :--- | :--- | :--- | :--- |
| $\square$ | Advancement of religion | $\square$ |  |
| If other, specify sub-category: |  |  |  |
| $\square$ | Culture \& Arts | $\square$ | Health \& Welfare |
| $\square$ | Enhancement of Youth | $\square$ | Amateur Sports |
| $\square$ | Public Safety Programs | $\square$ | Community Service Organization |

I ndicate the specific purpose(s) for which lottery proceeds will be used (attach separate list if necessary). I nformation will be used to update annual lists on file.
$\qquad$
$\qquad$
$\qquad$
$\qquad$
Is the organization currently licensed, or ever been licensed, in any other municipality to conduct bingo, break open ticket or raffle lotteries?
$\square$ Yes $\square$ No

## If yes, specify type and Municipality

Has the organization ever had a licence revoked or refused?
$\square$ Yes $\square$ No

If yes, where?
For the purpose of lottery licensing, all organizations must have a lottery trust account. Please complete the following information:

## Name of Bank:

$\qquad$
Address of Bank: $\qquad$
Trust Account number: $\qquad$ Date opened: $\qquad$
When submitted, this questionnaire must be accompanied by the following:

1. The most recent copy of the organization's Governing Document(s) (i.e. Articles of Incorporation, Constitution, Letters Patent, By-Laws, Charter)
2. Registered Charities must confirm their charitable status by providing a copy of the most recent filing with Revenue Canada.
3. 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 for current year.

The designated member of the organization who will be responsible for keeping and maintaining records of all financial transactions pertaining to licensed lottery events and reporting:

Name $\qquad$
Address $\qquad$
(include postal code)
Telephone: $\qquad$ Email: $\qquad$

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 |  |
| :--- | :--- |
| Signature of Principal Officer name of Principal Officer |  |
| Title of Principal Officer |  |

