



APPLICATION FOR LICENSING ELIGIBILITY

This form is to be completed by an applicant for a lottery license not previously approved in the Township of Puslinch.

Name of Organization: _____

Municipal Address: _____

Mailing Address: _____
(if different from above)

Type of Lottery for which application is being made:

Bingo Break-Open Raffle Bazaar

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

Yes _____ Incorporation # _____ No _____

Is the Applicant registered with Canada Revenue Agency as a charitable organization?

Yes _____ Registration # _____ No _____

Jurisdiction of Incorporation: _____

How long has the organization been in existence? _____

How many persons comprise your bona fide membership? _____

Indicate the specific purpose(s) to which lottery proceeds will be applicable.

The Applicant Organization's general and lottery trust account.

Name of Financial Institution: _____

Address of Financial Institution: _____

Account # _____

The Applicant's Financial year-end date is: _____

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

(Name)

(Address)

(Daytime Telephone #)

Is the Applicant currently licensed, or ever been licensed, in any other municipality to conduct a bingo or break open tickets?

Bingo Yes _____ No _____
If yes, list other municipalities _____

Break Open Tickets Yes _____ No _____

Has the Applicant ever had a licence revoked or refused? Yes _____ No _____

If Yes, where? _____

Location of Bingo Lottery Events/Sales of Break Open Tickets

Bingo

Break Open Tickets

Name of location

Name of location

Address of location

Address of location

Gaming supplier registration #

Gaming supplier registration #

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: _____

Title: _____

Date: _____

Print name of Principal Officer: _____

Signature of Principal Officer: _____

Title: _____

Date: _____