

QUESTIONNAIRE RESPECTING APPLICATION FOR LOTTERY LICENCE

Registered Name of Organization (as shown on Governing Documents): 1. Operating Name, if different: Business Address: Fax No. Telephone Number: Email Address: Website: _ Is the Organization incorporated as a non-profit organization with Ministry of Consumer & Business Services (Ontario)? 2. Please provide registration date & number: — Is the Organization registered with Revenue Canada as a charity? $\ \square$ Yes $\ \square$ No 3. Please provide registration date & number: How long has the Organization been providing services? 4. 5. What category best describes the Organization? □ Advancement of Education ☐ Relief of Poverty ☐ Health and Welfare ☐ Advancement of Religion $\ \square$ Other Charitable Purposes Beneficial to the Community: (Please specify sub-category $\ \sqrt{\ }$) ______ Amateur Sports Organizations
_ Public Safety Programs
_ Community Society Community Communit _Culture & Arts _ Health & Welfare _ Enhancement of Youth _ Public Safety Prog _ Community Service Organizations 6. 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 5. _____ Approximate number of members in the organization: 1. Please indicate last day of filing _____ (date) 8. Date of fiscal year-end _____ 9. Does the Organization currently manage and conduct any gaming event (lotteries) within the Township of Norwich or other Towns / 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. — 10. 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:

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 and will be present at the lottery event. (In addition to the three bona fide members listed below, please include a list of any other volunteers that will be involved with the lottery) Print Name in Full 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: Signature Names of additional volunteers: 6 7 8

When submitted for consideration, this statement must be accompanied by the following (if applicable):
1. A copy of the organizations letters patent;
2. A copy of the organizations constitution and bylaws;
3. A copy of the proposed budget for the current year;
4. A copy of the financial statements for the previous year;
5. A list of the current Board of Directors / Executive:
6. A copy of the latest report to the Public Guardian and Trustee;
7. The charitable number for income tax purposes;
8. A copy of the Notification of Charitable Registration letter from the Canada Revenue Agency with any supporting documentation, indicating the applicant's status and terms of registration;
9. A copy of the charitable returns to the Canada Revenue Agency for the previous calendar year;
10. A detailed program of services offered; and
11. A copy of the annual report.
June 2018