



Town of Huntsville
37 Main Street East
Huntsville, ON P1H 1A1
705-789-1751, Toll Free 1-888-696-4255
Fax 705-789-6689 www.huntsville.ca

APPLICATION FOR LICENSING ELIGIBILITY

1. This form is to be completed by an applicant for a lottery licence not previously approved in the Town of Huntsville.

Name of Organization: _____

Municipal Address: _____

Mailing Address: _____
(if different from above)

2. Type of lottery for which application is being made:

Bingo Break-Open Raffle Bazaar

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

Bingo: Yes No

If yes, list other municipalities: _____

Break-Open Tickets: Yes No

If yes, list other municipalities: _____

Location of Bingo Lottery Events/Sales Location of Break Open Tickets:

Bingo: Location: _____

Address: _____

Gaming Supplier Registration #: _____

Break Open Tickets: Location: _____

Address: _____

Gaming Supplier Registration #: _____

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

If yes, where? _____

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

Yes Incorporation #: _____ No

6. Is the Applicant registered with Canada Customs and Revenue Agency as a charitable organization?

Yes Incorporation #: _____ No

Jurisdiction of Incorporation: _____

7. How long has the organization been in existence? _____

8. How many persons comprise your bona fide membership? _____

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

10. Names of bona fide members who will conduct one or more of the lottery events referred to in this application:

- | | |
|-----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |
| 11. _____ | 12. _____ |
| 13. _____ | 14. _____ |

11. Describe your organization's aims and objectives. _____

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

13. The Applicant Organization's general lottery trust account (if open at this time) (NOTE: It will be required at the time of application).

Name of Financial Institution: _____

Address of Financial Institution: _____

Account #: _____

The Applicants' Financial year-end date is: _____

14. 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 #: _____

We the undersigned, declare that all information provided in and with this statement is factual and correct.
***Please refer to the Municipal Freedom of Information and Protection of Privacy Act section 8.8(1) for disclosure information.*

Print name of Principal Officer

Print name of Principal Officer

Signature of Principal Officer

Signature of Principal Officer

Title

Title

Date

Date