



Application to Manage and Conduct a Lottery Type Scheme at a Bazaar

1. Organization Information (Please print or type)

Name of Organization

For Office Use Only

Address of Organization

City / Town

Province

Phone No.

 ()

Postal Code

GIN #

Fax No.

 ()

2. Type of lottery scheme(s) you will be operating

| Type of Wheel of Fortune | Number |
|--------------------------|--------|
| | |
| | |
| | |

| Type of Raffle | Number & Times of Draws | Total Prize Value |
|----------------|-------------------------|---------------------|
| | | |
| Type of Bingo | Number & Times of Games | Total Prizes / Game |
| | | |

3. For what purposes will the money raised from this event be used? (attach a separate sheet if necessary)

| | |
|----|----|
| a) | c) |
| b) | d) |

4. Where will your lottery be conducted?

Name of Premises

City / Town of Premises

Address of Premises

Municipality of Premises

| | | |
|----------------|----------------|---------------|
| From | To | Starting Time |
| Year Month Day | Year Month Day | |

| |
|-------------|
| Ending Time |
| |

5. Certificate

We, _____ (Name of Committee Chairperson) and _____ (Name of Committee Secretary Treasurer), of _____ (Name of organization) of _____ (Name of municipality),

jointly and severally, hereby certify that:

- 1) We have read, have in our possession, and agree to comply with the provisions of the Bazaar Licence Terms and Conditions under which the Lottery Licence is issued,
- 2) We have read over this application,
- 3) All facts stated, and information furnished herein, are true and correct,
- 4) We are the holders of the offices with descriptive title as set out appearing under our respective signatures below,
- 5) If a licence is granted, we undertake to comply with all the Terms and Conditions of such licence,
- 6) We, the undersigned, as two principal officers of the above-named organization, apply for a licence to manage and conduct a Lottery Type Scheme at a Bazaar to be conducted and managed by us on behalf of the organization.

Committee Chairperson

| |
|---|
| Name in Full (please print) |
| Title |
| Phone Numbers: Business () Fax () |
| Date |
| Signature |

Committee Secretary Treasurer

| |
|---|
| Name in Full (please print) |
| Title |
| Phone Numbers: Business () Fax () |
| Date |
| Signature |