

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

(416) 326-8700 1-800-522-2876 toll free in Ontario

Organization information (Please p Name of Organization	rint or type)									
								For Office Use Only		
Address of Organization		·					_			
City / Town	Province		Phone No		77 P. W.		_			
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Postal Code GIN #			Fax No.				$\neg \bot$			
			()						
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	
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3. For what purposes will the money rai	sed from this event be	e used? (a	ttach a s	eparate	sheet if nec	essar	y)		<u> </u>	
a)			c)							
b)			d)							
4. Where will your lottery be conducted	?	*************************************				***********				
Name of Premises					~~		City / 1	Town of Pren	nises	
Address of Premises							Munici	pality of Prei	nises	
From To Starting Time						ا لــــ 1	Ending	Time		
Year Month Day Year Month Day										
5. Certificate			- de andré en carde en caracter						PARTITION OF THE PARTIT	
We,			and						, of	
(Name of Committee	e Chairperson)				(Name o	f Comm	ittee Se	cretary Treasu	rer)	
				(Name of municipality)						
jointly and severally, hereby certify that:	•				•					
We have read, have in our possession, is issued,	and agree to comply with	the provis	ions of the	e Bazaar	Licence Ten	ms and	Condi	itions under v	which the Lottery Licence	
We have read over this application,										
3) All facts stated, and information furnisi	hed herein, are true an	d correct,			4					
4) We are the holders of the offices with	descriptive title as set	out appear	ing unde	r our res	pective sign:	atures	below.			
5) If a licence is granted, we undertake to										
6) We, the undersigned, as two principal	officers of the above-na	amed orga	nization,	apply for	a licence to	mana	ge and	d conduct a	Lottery Type Scheme at	
a Bazaar to be conducted and manage	ed by us on behalf of th	ie organiza								
Name in Full (please print)			L		ecretary Tr	easure	er			
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Title	1		Title	· · · · · · · · · · · · · · · · · · ·					The state of the s	
Phone Numbers:			Phon	e Number:	s:					
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Fax ()					Fax	()		
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Signature		****************	Signa	ature						
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