



SCHEDULE A – LOTTERY LICENSING POLICY

APPLICATION FOR LICENSING ELIGIBILITY

TOWNSHIP OF ALGONQUIN HIGHLANDS

ORGANIZATION: _____

MUNICIPAL ADDRESS: _____

MAILING ADDRESS: _____

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

Yes _____ Incorporation # _____ No _____

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

Yes _____ Registration # _____ No _____

How long has the organization been in existence? _____

Names of Executives and Principal Officers and positions in the organization:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

How many persons comprise your membership? _____

What criteria must a person meet in order to become a member of the organization?

Names of members:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Describe your organizations goals and objectives:

List, including a brief description, of charitable organizations to where lottery proceeds are donated: (please list on separate page if more space is required)

| CHARITABLE ORGANIZATION | DESCRIPTION OF ORGANIZATION |
|-------------------------|-----------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

List other sources of revenue for the organization:

1. _____
2. _____
3. _____
4. _____
5. _____
5. _____

Financial Information:

The applicants general and lottery trust account information (if open at the time):

Name of Financial Institution: _____

Address of Financial Institution: _____

Account # _____

Organizations financial year end date: _____

*** Please note that this financial information will be required at the time of application.**

Designated members of the organization who will be responsible for recording all financial transactions pertaining to the lottery licensing events:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

This request for eligibility must be signed by two (2) principal officers of the organization.

Please ensure the following documentation accompanies this application:

1. Copy of applicant's articles of incorporation and/or constitution,/mandate as well as any by-laws.
2. A list containing the names, addresses and telephone numbers of the current executive.
3. A copy of the applicant's complete budget, covering the current twelve month fiscal year or calendar year, detailing how resources will be acquired and dispersed during this period.
4. A copy of previous year's financial statement.
5. Detailed program of services provided
6. Changes to the executive, members, constitution/mandate or programming, an application for licensing eligibility must be submitted with all updated information.

Has the Applicant ever had a license revoked or refused?

Yes _____ No _____

If yes where? _____

If answered yes to the above-noted question please provide the following information:

Name of Location:

Address of Location:

Gaming Supplier Number:

We the undersigned, declare that all information provided in and with this statement is factual and correct.

Information collected under the Municipal Freedom of Information and Protection of Privacy Act and will be used solely for the purposes it was obtained.

Principal Officer – please print

Principal Officer – please print

Signature of Principal Officer

Signature of Principal Officer

Title

Title

Date

Date