



# TOWN OF RENFREW

## APPLICATION FOR LICENSING ELIGIBILITY

This form is to be completed by all new applicants and updated yearly for lottery licenses in the Town of Renfrew

Name of Organization: \_\_\_\_\_

Municipal Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Is the organization incorporated as a non-profit organization in the Province of Ontario? Yes  No   
Please provide registration date and number: \_\_\_\_\_

Is the organization registered with Canada Revenue Agency as a charitable organization? Yes  No

How long has the organization been in existence? \_\_\_\_\_

How many persons comprise your bona fide membership? \_\_\_\_\_

What category best describes your organization?

Advancement of Education       Advancement of Religion       Health and Welfare       Relief of Poverty

Other Charitable Purposes Beneficial to the Community:  
(Provide your aims and objectives)

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

The Organization's lottery trust account information. (NOTE: It will be required at the time of application).

Name of Financial Institution: \_\_\_\_\_

Address of Financial Institution: \_\_\_\_\_

Account # \_\_\_\_\_

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 and Title)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
Telephone

The organizations financial year-end date is:(required for Nevada or Bingo licences) \_\_\_\_\_

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

If yes when and please give details: \_\_\_\_\_

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

\_\_\_\_\_  
Print name of Principal Officer

\_\_\_\_\_  
Print name of Principal Officer

\_\_\_\_\_  
Signature of Principal Officer

\_\_\_\_\_  
Signature of Principal Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Designated Members in Charge

*All Designation 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 \_\_\_\_\_  
 (Name 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, hold a senior position with the organization and will be present at the lottery event. (In addition to the three bona fide members listed below, please include a list of six to eight names, including positions within the organization and telephone numbers.

Print Name in Full	
Title	
Home Address	Number & Street: _____ City/Town & Province: _____ Postal Code: _____
Phone Numbers	Business: _____ Home: _____
Date	
Signature	

Print Name in Full	
Title	
Home Address	Number & Street: _____ City/Town & Province: _____ Postal Code: _____
Phone Numbers	Business: _____ Home: _____
Date	
Signature	

Print Name in Full	
Title	
Home Address	Number & Street: _____ City/Town & Province: _____ Postal Code: _____
Phone Numbers	Business: _____ Home: _____
Date	
Signature	

### ADDITIONAL VOLUNTEERS

- |               |                 |               |
|---------------|-----------------|---------------|
| 1. NAME _____ | SIGNATURE _____ | Phone # _____ |
| 2. NAME _____ | SIGNATURE _____ | Phone # _____ |
| 3. NAME _____ | SIGNATURE _____ | Phone # _____ |
| 4. NAME _____ | SIGNATURE _____ | Phone # _____ |
| 5. NAME _____ | SIGNATURE _____ | Phone # _____ |
| 6. NAME _____ | SIGNATURE _____ | Phone # _____ |
| 7. NAME _____ | SIGNATURE _____ | Phone # _____ |
| 8. NAME _____ | SIGNATURE _____ | Phone # _____ |