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 organization’s 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.

<table>
<thead>
<tr>
<th>Print Name in Full</th>
<th>Title</th>
<th>Home Address</th>
<th>Phone Numbers</th>
<th>Date</th>
<th>Signature</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Number &amp; Street:________________________</td>
<td>Business:_________ Home:_________</td>
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<td>City/Town &amp; Province:___________________ Postal Code:________</td>
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</tbody>
</table>

**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 #________________