

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

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

1. Organization information (P	Please print or type
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Name of Orga	anization															
														For C	ffice Use Only	
Address of O	rganization												_			
City / Town Province							Pho	one No.								
									()						
Postal Code			G	SIN #					Fax	No.						
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			L							,						
2. Type of lot				be opera			1 [N	lumber &		
Тур	e of Wheel of	Fortune			Nur	mber				Type of Raf	fle			es of Draws	Total Prize Value	
								Type of Bingo				Number & Total Prizes /			Total Prizes / Game	
							$+$ \vdash			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Time	es of Games		
3. For what p	urposes w	ill the n	noney	raised fr	om	this even	t be u	sed?	(atta	ch a separa	te sheet if ne	cessar	y)			
a)									c	:)						
b)									C	i)						
4. Where will	your lotter	y be co	onduct	ted?												
Name of Pren	nises												City /	/ Town of Pren	nises	
Address of Pr	emises									Mu				unicipality of Premises		
From			То				St	arting	Time)			Endi	ng Time		
Year M	onth Da	ıy	Yea	ar Moi	nth	Day 										
5. Certificate																
We,		(Name o	f Comm	ittee Chair		n)			_ and	d b	(Name)	of Comm	ittee	Secretary Treasu		
		(Ivaille o	Commi	intee Chan	perso			c	of						161)	
		(Name	of orga	anization)					·		(N	ame of n	nunici	pality)		
jointly and se	everally, her	eby ce	rtify tha	at:												
 We have re is issued, 	ead, have in	our pos	sessio	n, and ag	ree t	to comply v	with th	e prov	vision:	s of the Baza	ar Licence Ter	rms and	Con	ditions under v	hich the Lottery Licenc	
2) We have r	ead over th	is appli	cation.													
3) All facts st					erein	. are true	and o	correct								
										under our r	espective sign	natures	belov	W.		
5) If a licence													20.0	,		
	_				-							o mana	nne a	nd conduct a l	_ottery Type Scheme a	
	o be condu											•	.gc u		-54.5.	
Committee (n							_		Secretary T	reasure	er			
Name in Full (p	olease print)									Name in Full	(please print)					
Title									4	Title						
Title										Title						
Phone Number	rs:								-	Phone Numb	pers:					
	Business	(,)							Business	()		
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	Fax	(,)							Fax	()		
Date										Date						
Signature										Signature						

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