



QUESTIONNAIRE RESPECTING APPLICATION FOR LOTTERY LICENCE

- 1. Name of Organization:
2. Is the Organization based within the boundaries of the Town of Markham?
3. What is the municipal address of the Organization?
4. Is the Organization a Church or Religious Organization?
5. Is the Organization registered as a Charitable Organization with:
6. Is the Organization incorporated as a Non-Profit Organization in the Province of Ontario?
7. How long has the Organization been in existence?
8. How many members does the Organization have?
9. Date of your budget year-end:
10. Has the Organization been previously licensed by the Town of Markham for any type of lottery?
11. Is your Organization PRESENTLY licensed by any other municipality in Ontario?
12. Is your licence to be mailed or will you pick it up?

Name: (Print)
Signature:
Title:
Phone No: (Bus)
(Res)

Name: (Print)
Signature:
Title:
Phone No: (Bus)
(Res)

This questionnaire must be completed and signed by two (2) principal officers of the Organization.
101 Town Centre Boulevard, Markham, Ontario L3R 9W3