

## 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?
	a) If no, what services of public good or welfare are performed by the Organization?
	b) Are these services performed without profit?
5.	Is the Organization registered as a Charitable Organization with:  a) Revenue Canada? Registration Number: Date Issued:  b) Province of Ontario? Registration Number: Date Issued:
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?  a) If yes, for what type of lottery?  b) Date of most recent event:
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?  a) If to be picked up, who shall we contact? Phone Number:  b) If to be mailed, who shall we mail it to?  Full mailing address: Postal Code:
Sig Tit	me: (Print) Name: (Print)  gnature: Signature:  le: Title:  pne No: (Bus) Phone No: (Bus)
	(Res) (Res)

This questionnaire must be completed and signed by two (2) principal officers of the Organization.

101 Town Centre Boulevard, Markham, Ontario L3R 9W3