

Alcohol and Gaming Commission of Ontario

Gaming Registration and Lotteries 20 Dundas Street West, 7th floor Toronto ON M5G 2N6

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

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

1. Organization information (Please print or type)

Name of Organization						
					For Office Use Only	
Address of Organization						
City / Town	Province	P	hone No.			
			()			
Postal Code GIN #		L	ax No.			
			()			
			(/			
2. Type of lottery scheme(s) you will be ope	rating			Num	bor &	
Type of Wheel of Fortune Number		Type of Raffle		Times o		Total Prize Value
			Type of Bingo	Num Times of		Total Prizes / Game
3. For what purposes will the money raised	from this event be	e used? (at	1	ecessary)		
a)			c)			
b)			d)			
4. Where will your lottery be conducted?						
Name of Premises				City / To	own of Pren	nises
Address of Premises					unicipality of Premises	
			g Time En		Inding Time	
Year Month Day Year M	lonth Day					
5. Certificate						
We,		a	nd			, of
(Name of Committee Cha	irperson)		(Nam	e of Committee Sec	retary Treasu	rer)
(Name of organization)		of _		Name of municipali	ty)	,
jointly and severally, hereby certify that:				·		

- 1) We have read, have in our possession, and agree to comply with the provisions of the Bazaar Licence Terms and Conditions under which the Lottery Licence is issued,
- 2) We have read over this application,
- 3) All facts stated, and information furnished herein, are true and correct,
- 4) We are the holders of the offices with descriptive title as set out appearing under our respective signatures below,
- 5) If a licence is granted, we undertake to comply with all the Terms and Conditions of such licence,
- 6) We, the undersigned, as two principal officers of the above-named organization, apply for a licence to manage and conduct a Lottery Type Scheme at a Bazaar to be conducted and managed by us on behalf of the organization.

Committee Chairperson	Committee Secretary Treasurer
Name in Full (please print)	Name in Full (please print)
Title	Title
Phone Numbers:	Phone Numbers:
Business ()	Business ()
Fax ()	Fax ()
Date	Date
Signature	Signature