



# Lottery Licensing Eligibility Application

## Organization Details

Registered name		Operating name (if applicable)	
Address (Business address - cannot be a P.O. Box)		Unit	City
Mailing Address (if different from above)		Unit	City
Postal code		Postal code	
Name of Bona Fide Member – Designated in charge (First, Last)		Organization title/position	
Business phone	Cell phone	Home phone	Fax
Email		Website	
Providing services since		Number of members	
Category that best describes the organization (check one)			
Arts and Culture	Sports	Education	Community Support
Health and Welfare	Service Club	Religious	Relief of Poverty

## Programs and/or Services Provided

(Attach additional information if needed)	
Name of program or service	Yearly costs incurred
Name of program or service	Yearly costs incurred
Name of program or service	Yearly costs incurred
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## Proposed Use of Proceeds

Lottery revenues must be spent in a manner which provides a direct benefit to the residents of Whitby and is consistent with the mandate of the organization. Explain in detail the proposed use of lottery proceeds. Attach additional pages if required.

## Financial Details

Name of organization's banking institution

Fiscal year end date

Last date of filing (if applicable)

## Principal Officers of Record

Registered name of organization

We as principal officers of this organization declare:

- We have read over this application
- All information provided in this application is true and correct
- If eligible status for lottery licensing is granted, we undertake to comply with all the terms and conditions of any such licence issued

Name of Principal Officer (First, Last)

Title/position in organization

Other positions in organization (if applicable)

Address

Unit

City

Postal code

Business phone

Cell phone

Home phone

Email

Signature

Date



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Name of Principal Officer (First, Last)		Title/position in organization		
Other positions in organization (if applicable)				
Address		Unit	City	Postal code
Business phone	Cell phone	Home phone		Email
Signature			Date	

Name of Bona Fide Member – Designated in charge (First, Last)		Title/position in organization		
Other positions in organization (if applicable)				
Address		Unit	City	Postal code
Business phone	Cell phone	Home phone		Email
Signature			Date	

Name of Bona Fide Member – Designated in charge (First, Last)		Title/position in organization		
Other positions in organization (if applicable)				
Address		Unit	City	Postal code
Business phone	Cell phone	Home phone		Email
Signature			Date	