



Alcohol and Gaming
Commission of Ontario
Gaming Registration and Lotteries
90 Sheppard Ave. East, Suite 200
Toronto ON M2N 0A4
(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

Address of Organization

City / Town

Province

Phone No.

()

Postal Code

GIN #

Fax No.

()

For Office Use Only

2. Type of lottery scheme(s) you will be operating

Type of Wheel of Fortune	Number	Type of Raffle	Number & Times of Draws	Total Prize Value
		Type of Bingo	Number & Times of Games	Total Prizes / Game

3. For what purposes will the money raised from this event be used? (attach a separate sheet if necessary)

a)	c)
b)	d)

4. Where will your lottery be conducted?

Name of Premises

City / Town of Premises

Address of Premises

Municipality of Premises

From

YearMonthDay

To

YearMonthDay

Starting Time

Ending Time

5. Certificate

We, _____ and _____, of _____
(Name of Committee Chairperson)(Name of Committee Secretary Treasurer)
_____ of _____,
(Name of organization)(Name of municipality)
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

Name in Full (please print)

Title

Phone Numbers:

Business()

Fax()

Date

Signature

Committee Secretary Treasurer

Name in Full (please print)

Title

Phone Numbers:

Business()

Fax()

Date

Signature