



## MUNICIPALITY OF DYSART ET AL

135 Maple Avenue, Box 389  
Haliburton, Ontario  
K0M 1S0

Phone (705) 457-1740  
Fax (705) 457-1964

This questionnaire must be completed in order for the Municipality to determine an organization's eligibility.

1. Name of Organization: \_\_\_\_\_
2. Official Address: \_\_\_\_\_  
Address City Province Postal Code
3. Does the organization have a place of business in Ontario? If so, where?  
\_\_\_\_\_  
Address City Province Postal Code
4. How long has the organization been in operation? \_\_\_\_\_
5. How many members are there in the organization? \_\_\_\_\_
6. Which of the four classifications of charitable objects does the primary purpose of the organization match?
  - a) the relief of poverty; \_\_\_\_\_
  - b) the advancement of education; \_\_\_\_\_
  - c) the advancement of religion; or, \_\_\_\_\_
  - d) any other charitable purposes beneficial  
to the community not falling under  
a, b, or c (for i.e. arts, youth sports,  
service clubs) please specify: \_\_\_\_\_
7. Is the organization established to provide charitable services in Ontario and use proceeds for objects or purposes which benefit Ontario residents? \_\_\_\_\_
8. Is the charitable benefit to be achieved by the applicant denied to any segment of the community of Dysart et al?  
\_\_\_\_\_
9. Does a large portion or percent of the community of Dysart et al, as a whole, benefit by the fund raising of the applicant? \_\_\_\_\_
10. Is the applicant properly organized such that it is separate from any other organization?  
(e.g. legally, financially, and administratively) \_\_\_\_\_
11. Has the applicant been in operation for at least one (1) year and have a proven charitable mandate?  
\_\_\_\_\_
12. Is there a person(s) from the applicant organization who will assume full responsibility for the operation and conduct of the event? \_\_\_\_\_

13. For what will the proceeds of the licenced event be used and is the intended use consistent with one (1) of the four (4) classifications? \_\_\_\_\_

14. Is the organization registered with The Department of National Revenue as a Charitable Organization?  
If "Yes", please provide:                      Registration No.:                      Date Issued: \_\_\_\_\_

15. Is the organization designated Charitable by The Minisrty of Consumer and Commercial Relations-Companies Branch (Ontario)? \_\_\_\_\_

16. Is the organization PRESENTLY licensed by any other Municipality in Ontario? \_\_\_\_\_  
If so, which municipality and type of lottery? \_\_\_\_\_

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

Name		Name	
Signature		Signature	
Title		Title	
Bus. Ph.#		Bus. Ph.#	
Res. Ph.#		Res. Ph.#	