



BINGO WAITING LIST FORM

APPLICANT		
Name of Organization		Date
Address (Street Address, City, Province, Postal Code)		
Main Contact (Name)		
Phone Number		
Email		
Has your organization been in existence for at least one (1) year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your organization currently have a lottery file with our office?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your organization currently conduct bingo events in other Municipalities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

After review of the information submitted, Policy, Gaming and Licensing will advise the organization, by letter, the status of their request when we are able to move forward with introducing new charities into the bingo halls. **Please do not submit any documents at this time.** Thank you.

