



Licensing Office
 City of Kitchener
 200 King Street West - P.O. Box 1118
 Kitchener ON N2G 4G7
 Tel: (519) 741-2275

CHARITABLE REPORT

(FORM 4226 – REVISED SEPTEMBER 2014)

This form must be completed by a Licensee conducting charitable gaming events in a pooling bingo hall and submitted to the Licensing Authority on a monthly basis

LICENCEE INFORMATION
Name:
GIN #: (if applicable):

REPORT INFORMATION	
For the Month Ended:	
Licence Number(s)	
Licence Period:	
No. of Events Held in Month:	

CONTACT INFORMATION	
Contact Name:	
Position:	
E-mail:	
Address:	
Postal Code:	
Phone No.	
Fax No.	

BANKING INFORMATION	
Name of Financial Institution:	
Address of Institution:	
Account Number:	
Opening Balance:	\$
+ Deposits – Rec'd From Assoc (previous month)	\$
+ Deposits – Lic Fee Refunds:	\$
+ Deposits – Other (explain):	\$
+ Interest	\$
- Lic Fees pd during the month	\$
- Donations/Expenses (receipts)	\$
- Other (explain):	\$
- Service Charges	\$
Closing Balance	\$
(attach copies of bank statements, cancelled cheques, ledger and receipts for charitable donations/expenses)	

NET PROCEEDS	
Funds received from Association	\$
Less Lic Fees (\$130 per event)	\$
Net Proceeds Amount	\$

DECLARATION		
We, the undersigned, declare that: We are bona fide members of the Licensee; We have been authorized to file this report on behalf of the Licensee; and All answers provided in this report, as well as all information contained in the documents and materials submitted with it, are true and complete.		
Principal Officer		Principal Officer
	Signature	
	Print Name	
	Title	
	Date	
	Telephone Number	
	Facsimile Number	
	E-mail Address	