

**NOTE**

THIS REQUEST FOR ELIGIBILITY MUST BE SIGNED BY TWO (2) PRINCIPAL OFFICERS OF THE APPLICANT ORGANIZATION.

WHEN SUBMITTED FOR CONSIDERATION, THIS STATEMENT MUST BE ACCOMPANIED BY THE FOLLOWING;

1. A COPY OF THE APPLICANT'S ARTICLE OF INCORPORATION AND/OR CONSTITUTION, AS WELL AS ANY BY-LAWS, IF APPLICABLE.
- 2.a) A COPY OF THE LETTER FROM CANADA CUSTOMS AND REVENUE AGENCY (letter recognizing charitable status under the Income Tax Act)
- 2.b) COPY OF MOST RECENT FILING WITH CANADA CUSTOMS AND REVENUE AGENCY
3. A LIST CONTAINING THE NAMES, BUSINESS ADDRESSES AND BUSINESS TELEPHONE NUMBERS OF ALL BONA FIDE MEMBERS AND A LIST OF THE CURRENT EXECUTIVE.
4. A COPY OF THE APPLICANT'S COMPLETE BUDGET, COVERING THE CURRENT TWELVE MONTH FISCAL OR CALENDAR YEAR, DETAILING HOW RESOURCES WILL BE ACQUIRED AND DISPERSED DURING THIS PERIOD.
5. A COPY OF YOUR PREVIOUS YEAR'S FINANCIAL STATEMENT.
6. DETAILED PROGRAM OF SERVICES PROVIDED.
7. OTHER

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## APPLICATION FOR LICENSING ELIGIBILITY

This Form is to be completed by an applicant for a lottery license.

Name of Organization: \_\_\_\_\_

Municipal Address: \_\_\_\_\_  
(Incl. Postal Code)

Mailing Address: \_\_\_\_\_  
(If different from above)

Type of Lottery for which application is being made:

Bingo

Break-Open

Raffle

Bazaar

Is the Applicant incorporated as a non-profit organization in the Province of Ontario?

Yes \_\_\_\_\_ Registration # \_\_\_\_\_ No \_\_\_\_\_

Is the Applicant registered with Canada Customs and Revenue Agency as a charitable organization?

Jurisdiction of Incorporation: \_\_\_\_\_

How long has the organization been in existence? \_\_\_\_\_

How many persons comprise your bona fide membership? \_\_\_\_\_

Describe the requirements that a person must meet in order to become a bona fide member of your organization.

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1. Describe your organization's aims and objectives

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2. Indicate the specific purpose(s) to which lottery proceeds will be applicable.

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The Applicant Organization's general and lottery trust account (if open at this time)  
(NOTE: It will be required at the time of application)

Name of Financial Institution \_\_\_\_\_

Address of Financial Institution \_\_\_\_\_

Account # \_\_\_\_\_

The Applicants' Financial year-end date is: \_\_\_\_\_

The designated member of the organization who will be responsible for keeping and maintaining records of all financial transactions pertaining to the licensed lottery activities:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Business Address)

\_\_\_\_\_  
Telephone # Business

Names of bona fide members who will conduct one or more of the lottery events referred to in this application:

- |           |           |
|-----------|-----------|
| 1. _____  | 2. _____  |
| 3. _____  | 4. _____  |
| 5. _____  | 6. _____  |
| 7. _____  | 8. _____  |
| 9. _____  | 10. _____ |
| 11. _____ | 12. _____ |
| 13. _____ | 14. _____ |

Is the Applicant currently licensed, or ever been licensed, in any other municipality to conduct bingo or break open tickets?

Bingo      Yes \_\_\_\_\_      No \_\_\_\_\_

If Yes, list other municipalities \_\_\_\_\_

Break Open Tickets      Yes \_\_\_\_\_      No \_\_\_\_\_

Has the Applicant ever had a licence revoked or refused? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, where? \_\_\_\_\_

Location of Bingo Lottery Events/Sales Location of Break Open Tickets

**BINGO**

**BREAK OPEN TICKETS**

\_\_\_\_\_ name of location

\_\_\_\_\_ Name of location

\_\_\_\_\_ address of location

\_\_\_\_\_ address of location

\_\_\_\_\_ gaming supplier registration #

\_\_\_\_\_ gaming supplier registration #

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We the undersigned, declare that all information provided in and with this statement is factual and correct. *\*\*Please refer to the Municipal Freedom of Information and Protection of Privacy Act section 8.8.(1) for disclosure information.*

\_\_\_\_\_ Print name of Principal Officer

\_\_\_\_\_ Print name of Principal Officer

\_\_\_\_\_ Signature of Principal Officer

\_\_\_\_\_ Signature of Principal Officer

\_\_\_\_\_ Title

\_\_\_\_\_ Title

Date: \_\_\_\_\_

Date: \_\_\_\_\_