



# Application for Lottery Licencing

Date of Application	Full Organization Name	Organization Telephone Number
Mailing Address		

## Determination of Eligibility

The Licensing Authority will review all relevant documentation submitted to determine eligibility for lottery licences. These decisions are based on what is considered charitable in law and the policies issued by the Registrar of Alcohol and Gaming.

1. Which of the four classifications of charitable objects do the primary purposes of the organization relate to?

- Relief of poverty     
  The advancement of education     
  The advancement of religion  
 Any other charitable purposes beneficial to the community not falling under any of the above categories:

Please explain: \_\_\_\_\_

2. The following pre-requisites are **mandatory** to be considered eligible for a lottery licence:

Has your organization been in existence for at least one (1) year?

Yes  No

Does your organization have a place of business in Ontario and can demonstrate that it is established to provide charitable services in Ontario and use proceeds for objects or purposes which benefit Ontario residents?

Yes  No

3. Please provide the following documents or information so the eligibility of your organization can be reviewed.

- Incorporation papers (Letter Patent)
- Constitution and By-laws
- Notification of Charitable Registration (Canada Customs and Revenue Agency) (if applicable)
- The most recent Registered Charity Information Return & Public Information Return, as submitted to Canada Customs and Revenue Agency (if applicable)
- Financial Statement for Previous Fiscal Year (audited, where applicable)
- Detailed outline of all programs/services provided in the previous year and specific costs incurred in delivery
- The current operating budget
- The current listing of the Board of Directors
- Any other information that will assist in determining the charitable nature of the objects and purposes. (This could include the annual report, correspondence relating to its charitable number for income-tax purposes, confirmation that it meets the reporting requirements of the *Charities Accounting Act*)
- The proposed use of proceeds, which must be consistent with the primary objects and purposes of the organization and of a charitable nature consistent with at least one of the four classifications of charitable purposes.

Name of Signing Officer (Please print)		Signature of Signing Officer	
Title of Signing Officer	Daytime Telephone Number	Fax Number	E-mail Address

## For Municipal Use only

- Approved     
  Requested additional information (date):



**QUESTIONNAIRE RESPECTING APPLICANTS FOR LOTTERY LICENCE**

1. Registered Name of Organization (as shown on Governing Documents): \_\_\_\_\_

Operating Name, if different: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax No. \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

2. Is the Organization incorporated as a non-profit organization with Ministry of Consumer & Business Services (Ontario)?  
 Yes  No

Please provide registration date & number: \_\_\_\_\_

3. Is the Organization registered with Revenue Canada as a charity?  Yes  No

Please provide registration date & number: \_\_\_\_\_

4. How long has the Organization been providing services? \_\_\_\_\_

5. What category best describes the Organization?

- Advancement of Education  Relief of Poverty
- Health and Welfare  Advancement of Religion
- Other Charitable Purposes Beneficial to the Community: (Please specify sub-category√)
- \_ Culture & Arts \_ Health & Welfare \_ Amateur Sports Organizations
- \_ Enhancement of Youth \_ Public Safety Programs \_ Community Service Organizations

6. Please list and describe the specific programs and services delivered by the Organization and associated cost (do not restate your mandate or mission statement):

<u>Services</u>	<u>Costs</u>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

7. Approximate total number of members in the organization: \_\_\_\_\_

8. Date of fiscal year-end \_\_\_\_\_ Please indicate last day of filing \_\_\_\_\_ (date)

9. Does the Organization currently manage and conduct any gaming event (lotteries) within the Municipality of Thames Centre or other Municipalities?  
 Yes  No

Please indicate type of gaming event and location (Municipality)

Bingo \_\_\_\_\_  Raffle\* \_\_\_\_\_  Break Open Ticket \_\_\_\_\_  \*Bazaars \_\_\_\_\_

\*Please include name and address of Supplier registered under Gaming Control Act, 1992. \_\_\_\_\_

10. For the purpose of lottery licensing, all organizations must have a lottery trust account. Please complete the following information:

Name of Bank and Address: \_\_\_\_\_ Trust Account number: \_\_\_\_\_  
 \_\_\_\_\_ Date Opened: \_\_\_\_\_

11. Would you like to pick up the Licence?  
 Yes \_\_\_\_\_ Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

No \_\_\_\_\_ If no, licence will be mailed out.

Contact Name and Mailing address: \_\_\_\_\_

**Designated Members in Charge**

*All Designated Members in Charge must be bona fide members of the organization and are required to complete this form*

We, as active, bona fide members of \_\_\_\_\_  
 (organization)

hereby certify that as the designated members in charge of the lottery for which this application is made, will be responsible for the management and conduct of the lottery in accordance with the terms and conditions under which the lottery licence is issued. We, as bona fide members, have signing authority, hold a senior position with the organization and will be present at the bingo event. (In addition to the three bona fide members listed below, please include a list of six to eight names, including positions within the organization and telephone numbers (during the day) in order to deal with scheduling and unscheduled absences.)

Print Name in Full		
Title		
Other Position(s) held in Organization		
Home Address	Number and Street:	
	City and Province :	Postal Code :
Phone Numbers	Business :	Home :
Date		
Signature		

Print Name in Full		
Title		
Other Position(s) held in Organization		
Home Address	Number and Street:	
	City and Province :	Postal Code :
Phone Numbers	Business :	Home :
Date		
Signature		

Print Name in Full		
Title		
Other Position(s) held in Organization		
Home Address	Number and Street:	
	City and Province :	Postal Code :
Phone Numbers	Business :	Home :
Date		
Signature		

Names of additional volunteers :

1.	5
2.	6
3.	7
4.	8