

## APPLICATION FOR LOTTERY LICENSING ELIGIBILITY REVIEW

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, including the Criminal Code of Canada, previous court decisions, Order-In-Council 1413/08 as amended, and the policies issued by the Registrar of the Alcohol and Gaming Commission of Ontario.

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

Address: \_\_\_\_\_  
(Include 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 \_\_\_\_\_ Incorporation # \_\_\_\_\_ No \_\_\_\_\_

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

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

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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Describe your organization's aims and objectives:

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Indicate specific purpose(s) to which lottery proceeds will be used:

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The Applicant Organization's lottery trust account(s) (mandatory)

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

Address of Financial Institution:

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Account no: \_\_\_\_\_

The Applicant Organization's financial year-end date is: \_\_\_\_\_

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

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(Name)

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(Address)

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(Telephone #)

(Email Address)

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

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|----------|-----------|
| 1. _____ | 2. _____  |
| 3. _____ | 4. _____  |
| 5. _____ | 6. _____  |
| 7. _____ | 8. _____  |
| 9. _____ | 10. _____ |

**The Application is signed by two (2) principal officers of the organization**

**Yes:**       **No:**

We the undersigned, declare that all information provided in and with this statement is factual and correct

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

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

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

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

\_\_\_\_\_  
Officer Title

\_\_\_\_\_  
Officer Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

**The application must be accompanied by the following documents:**

- 1. A copy of the organization's Articles of Incorporation and/or Constitution/ Letters Patent, as well as any by-laws, if applicable. Please also forward any amendments that have been made;**
- 2. A copy of a letter from Canada Customers and Revenue Agency recognizing charitable status under the Income Tax Act, if applicable;**
- 3. A list of names, addresses, and telephone numbers of the applicant's current executive;**
- 4. A copy of the organization's complete budget, covering the current fiscal/calendar year detailing how resources are acquired and dispersed;**
- 5. A copy of the organization's previous year's financial statement;**
- 6. Hand written/ typed letter outlining or detailing the types of programs provided or services provided:**
- 7. Other \_\_\_\_\_**

**(As you deem necessary)**