

### Lottery Licence Eligibility Review

Date of Application:	Full Organization Name:	
Mailing Address:		
Email Address:	URL (Website):	Organization Phone Number:

**Are you Eligible for a Lottery Licence?**

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. Charitable registration with Revenue Canada or incorporation as a non-profit organization does not guaranteed eligibility for lottery licensing

Type of Lottery for which application is being made:

- Bingo     
  Break-Open Ticket     
  Raffle     
  Bazaar

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

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

Has your organization been in existence for a 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

Which of the four charitable classifications do the primary purposes of the organization relate to:

- Relief of Poverty     
  Advancement of Education     
  Advancement of Religion  
 Any other charitable purposes beneficial to the community (choose one or more from below):  
 Culture and the Arts     
  Health and Welfare     
  Amateur Sports Organization  
 Enhancement of Youth     
  Enhancement of Public Safety     
  Community Service Organization

**Please provide the following documents for eligibility review:**

- Incorporation Papers (Letters Patent and any amendments)
- Constitution and By-Laws
- Notification of Charitable Registration (Canada Customs and Revenue Agency)
- Financial Statement for Previous Fiscal Year (audited, where applicable)
- Detailed outline of all programs/services provided
- Copy of the complete budget, covering the current fiscal/calendar year detailing how resources are acquired and dispersed
- Current listing of the Board of Directors/ Executive with contact information
- Any other information that will assist in determining the charitable nature of the objects and purposes

**Is your organization currently licensed by any other municipality in Ontario?**  Yes  No

If yes, which municipality

If yes, what type of lottery

**Has the organization ever had a licence revoked, suspended or refused?**  Yes  No

If yes, which municipality

How many persons comprise your bona fide membership?

We the undersigned, principal officers of the organization, 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

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Phone Number

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Phone Number

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Email Address

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Email Address