

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

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.

1. Describe your organization's aims and objectives

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

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: _____