



TOWNSHIP OF GUELPH/ERAMOSIA

**APPLICATION FOR
LOTTERY LICENSING ELIGIBILITY**

This form is to be completed by an applicant for a lottery license not previously approved in the Township of Guelph/Eramosa.

Name of Organization: _____

Municipal Address: _____

Mailing Address: _____

(If different from above)

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

No Yes Incorporation No. _____

If yes, please attach a copy of the Articles of Incorporation.

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

No Yes Registration No. _____

Jurisdiction of Incorporation _____

If yes, please attach a copy of the Registration form.

3. How long has the organization been in existence? _____

4. How many persons comprise your bona fide membership? _____

Please attach a copy of current Board of Directors/Executive.

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

6. Describe your organization's aims and objectives.

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

8. The organization's general and lottery trust account (if open at this time)
(NOTE: "In Trust" account will be required at time of application.)

Name of Financial Institution: _____

Address of Financial Institution: _____

Account No. _____

The Organization's Financial Year End date is: _____

9. 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: _____

Address: _____

Phone # (during day) _____

10. 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. _____ |

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

Bingo No Yes Where _____

Break Open No Yes Where _____

12. Has the applicant ever had a licence revoked or refused?

No Yes What municipality? _____

13. Location of Bingo Lottery Events / Sales Location of Break Open Tickets
(Please attach copy of 3rd party site registration licence.)

BINGO

BREAK OPEN

NAME OF LOCATION

NAME OF LOCATION

ADDRESS OF LOCATION

ADDRESS OF LOCATION

GAMING SUPPLIER REGISTRATION NO.

GAMING SUPPLIER REGISTRATION NO.

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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

TITLE

TITLE

DATE

DATE

Personal information on this form is collected pursuant to Section 31 of the Municipal Freedom of Information and Protection of Privacy Act and will only be used for the purposes prescribed herein. Questions about this collection should be directed to the Clerk's Office at 519-856-8586 x 107 or clerks@get.on.ca

NOTE

Two (2) principal officers of the organization must sign this request for eligibility.

When submitted for consideration, this statement must be accompanied by the following:

1. a copy of letter patent;
2. a copy of constitution and by-law;
3. a copy of budget for the current year;
4. a copy of financial statements for the preceding year;
5. a list of the Board of Directors (name, address, phone number)
6. latest report to the Public Guardian and Trustee;
7. charitable number for income tax purposes;
8. a copy of Notification of Charitable Registration letter from the Canada Revenue Agency with any supporting documentation indicating the applicant's status and terms of registration;
9. copies of charitable returns to the Canada Revenue Agency for the previous calendar year;
10. a copy of annual report