



# Lottery Licence Eligibility Application Form

*This questionnaire must be completed and forwarded to the Administration office with the required documents outlined in the attached checklist.*

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

Name of Contact: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

1. What type of lottery is this application being made?

- Bingo     
  Break-Open     
  Raffle/50-50     
  Bazaar

2. 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 #

3. Is the Organization Incorporated as a non-profit organization in the Province of Ontario?

- YES (Incorporation # \_\_\_\_\_)     
  NO

4. Is the Organization registered with Revenue Canada as a charitable organization?

- YES (Registration # \_\_\_\_\_)     
  NO

5. How long has the Organization been in existence? \_\_\_\_\_

6. How many persons comprise your bona fide membership? \_\_\_\_\_

7. Describe the requirements to become a bona fide member of your Organization?



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8. What category best describes the organization?

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

9. Describe your Organization's aims and objectives.

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



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11. The Applicant Organization 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 Number: \_\_\_\_\_ Fiscal Year-End: \_\_\_\_\_

12. Please indicate the designated member of the organization who will be responsible for keeping and maintaining records of all the financial transactions pertaining to the lottery licensing activities:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

13. Names and signatures of bona fide members who will conduct one (1) or more of the lottery events referred to on this application:

1.

\_\_\_\_\_

(Please print)

\_\_\_\_\_

(Signature)

2.

\_\_\_\_\_

(Please print)

\_\_\_\_\_

(Signature)

3.

\_\_\_\_\_

(Please print)

\_\_\_\_\_

(Signature)

4.

\_\_\_\_\_

(Please print)

\_\_\_\_\_

(Signature)

5.

\_\_\_\_\_

(Please print)

\_\_\_\_\_

(Signature)

6.

\_\_\_\_\_

(Please print)

\_\_\_\_\_

(Signature)