

Eligibility Application for Lottery Licensing

1. Registered Name of Organization (as shown on Governing Documents):

Operating Name, if different:	
Business Address:	
Telephone Number:	Email Address:
Fax Number:	Website:
2. Is the Organization incorporated as a non- Services (Ontario?)	profit organization with Ministry of Consumer & Business
If yes, provide registration date & number:	
3. Is the Organization registered with Revenu	ie Canada as a charity? 🛛 Yes 🔲 No
If yes, provide registration date & numb	er:
4. How long has the Organization been provi	ding services?
5. What category best describes the Organization	ation?
Relief of Poverty	Advancement of Education
Advancement of Religion	── Other Charitable Purposes (<u>Specify below</u>):
Culture & Arts	a & Welfare
Enhancement of Youth Dublic	Safety Programs 🔲 Community Service Organizations
6. Please attach a list and description of the s Organization including associated cost.	specific programs and services delivered by the
7. Approximate total number of members in t	he organization:
8. Date of fiscal year-end:	Please indicate last day of filing:
9. Does the Organization currently manage a Port Colborne or other municipalities?	nd conduct any gaming event (lotteries) within the City of
🗌 Yes	□ No
If yes, please indicate type of gaming ever	nt and location (Municipality)
Break Open Tickets	
Bazaar	



Signature:

Designated Members in Charge

All Designated Members in Charge must be bona fide members of the organization and are required to complete this form .

<u>Definition of a Bona Fide Member</u>: A member of the organization, in good standing, who has other duties beyond conducting lottery events. "Members of convenience", whose only duty is to assist with the lottery events, are not considered BONA FIDE MEMBERS.

We, as active, bona fide members of ______(organization)

hereby certify that as the designated members in charge of the lottery for which this application is made, we will be responsible for the management and conduct of the lottery in accordance with the terms and conditions under which the lottery licence is issued.

Print Name in Full:	
Title:	
Position(s) in Organization:	
Phone Number (business):	
Date:	
Signature:	
Print Name in Full:	
Title:	
Position(s) in Organization:	
Phone Number (business):	
Date:	
Signature:	
Print Name in Full:	
Title:	
Position(s) in Organization:	
Phone Number (business):	
Date:	