



## LOTTERY LICENCE ELIGIBILITY REVIEW

The completed eligibility form is to be submitted to the Administration office for the review. Charitable registration with Revenue Canada or incorporation as a non-profit organization does not guarantee eligibility for lottery licensing.

Date of Application	Name of Organization/Group	
Mailing Address		
Email Address	Website Address	Organization Telephone Number
<p>1. The following pre-requisites are mandatory to be considered eligible for a lottery licence:</p> <p>a) Has your organization been in existence for at least one (1) year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) Does your organization operate 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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is the organization incorporated as a non-profit organization in the Province of Ontario?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, Incorporation Number: _____</p> <p>Is the organization registered with the Canada Customs and Revenue Agency as a charitable organization?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, Registration Number: _____</p> <p>3. How long has the organization been in existence? _____</p> <p>4. How many persons comprise your bona fide membership? _____</p> <p>5. Describe your organization's goals and objectives:</p>		

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

Relief of poverty       The advancement of education       The 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 organizations (Legion, Optimists, Lions, etc.)

7. The organization's proposed use of proceeds from lottery licences must be for charitable programs and the programs must be consistent with the charitable purposes and objects of the organization. Please indicate the specific purpose(s) or programs and associated costs you will be using lottery proceeds for and how they will benefit the residents of Lambton Shores. Use separate sheet if necessary.

The organization plans to spend lottery proceeds on the following:

8. The organization's Lottery Funds Account (*Note: It will be required at the time of application*)

Name of Financial Institute: \_\_\_\_\_

Address of Financial Institute: \_\_\_\_\_

Account Number: \_\_\_\_\_ Organization's Fiscal Year End: \_\_\_\_\_

9. The designated member of the organization who will be responsible for keeping and maintaining records of all financial truncations pertaining to the licensed lottery activities:

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

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

10. Names of the bona fide members who will conduct one or more of the lottery events on behalf of the organization:

---

---

---

---

---

---

---

---

11. Please provide the following documents so the eligibility of your organization can be reviewed.

- Incorporation Papers (Letters Patent)
- Constitution and By-laws
- Notification of Charitable Registration (Canada Customs and Revenue Agency), if applicable
- Financial Statement for Previous Fiscal Year (audited, where applicable)
- The most recent Registered Charity Information Return & Public Information Return, as submitted to Canada Customs and Revenue Agency (if applicable)
- Detailed outline of all programs/services provided in the previous year and specific costs incurred in delivery
- The current operating budget
- The current listing of the Board of Directors with contact information (address, phone and email) and the expiry date of each person's term of office
- Any other information that will assist in determining the charitable nature of the objects and purposes. (This could include the annual report, correspondence relating to its charitable number for income-tax purposes, confirmation that it meets the reporting requirements of the Charities Accounting Act.)

We, the undersigned, declare that all the information provided in and with this statement is factual and correct. We, the undersigned, agree to update the municipality with any changes to the information within this application or to the supporting documentation as required.

Name of Signing Officer (please print): \_\_\_\_\_

Title of Signing Officer: \_\_\_\_\_

Daytime Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Signature of Signing Officer: \_\_\_\_\_

Name of Signing Officer (please print): \_\_\_\_\_

Title of Signing Officer: \_\_\_\_\_

Daytime Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Signature of Signing Officer: \_\_\_\_\_