



Eligibility Application for Lottery Licencing

Organization Name: _____

Date: _____

1. Describe the programs and services that are currently offered by your organization:

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

**3. The applicant Organization's general and lottery trust account (if open at this time)
(NOTE: Trust Account will be required at the time of application)**

Financial Institution Information:

Name: _____

Address: _____

General (Operating) Account # _____

Lottery (Trust) Account # _____

4. 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: _____ Title: _____

Business Address: _____

Business Tel. #: _____ Home Tel. #: _____

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. _____



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

Bingo

Yes _____ If Yes, list other municipalities: _____

No _____

Break-Open

Yes _____ If Yes, list other municipalities: _____

No _____

Has the Applicant ever had a license revoked or refused? Yes _____ No _____

If Yes, where? _____

6. 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 #

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: _____



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The following must be submitted with this application.

1. **PROOF OF INCORPORATION:** A copy of the Applicant's Articles of Incorporation and/or Constitution, as well as any by-laws, *if applicable*.
 - a. Signed and by 3 current Executive members
 - b. Dissolution clause to be included in Constitution / By-laws
2. **PROOF OF CHARITABLE STATUS:** A copy of a letter from Revenue Canada recognizing charitable status under the Income Tax Act, *if applicable*.
3. **INCOME TAX FILING INFORMATION:** A copy of most recent filing with Canada Customs and Revenue Agency.
4. **EXECUTIVE MEMBERSHIP:** A list containing the names, business addresses and business telephone numbers of all current members who comprise the Executive Directors.
5. **BONA FIDE MEMBERS:** A list containing names and city of residence of all bona fide members.
6. **BUDGET:** 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.
7. **FINANCIAL STATEMENT:** A copy of your *previous year's* Financial Statement.
8. **CHEQUE SAMPLE:** A void cheque/ photocopy of cheque of your organization's Lottery Trust Account.

Questions/ concerns about this application should be directed to:

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 Town of Milton
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 licensing@milton.ca