



## TOWNSHIP OF WAINFLEET

### APPLICATION FOR LOTTERY LICENSING ELIGIBILITY

**All information provided will remain confidential and is not intended for distribution as per the Municipal Freedom of Information & Protection of Privacy Act.**

1. Name of Applicant/Organization: \_\_\_\_\_
  
2. Mailing Address: \_\_\_\_\_
  
3. Type of Lottery for which application is being made:  

<input type="checkbox"/> Raffle	<input type="checkbox"/> Blanket Raffle	<input type="checkbox"/> Break-Open
<input type="checkbox"/> Bazaar	<input type="checkbox"/> Bingo	<input type="checkbox"/> Media Bingo
  
4. Is the Applicant/Organization incorporated as a non-profit organization in the Province of Ontario?  
 No       Yes, Incorporation No. & Date \_\_\_\_\_
  
5. Is the Applicant/Organization registered with Canada Customs and Revenue Agency as a charitable organization?  
 No       Yes, Incorporation No. & Date \_\_\_\_\_  
Jurisdiction of Incorporation \_\_\_\_\_
  
6. Is the Applicant/Organization incorporated as a non-profit organization with Ministry of Consumer & Business Services (Ontario)?  
 No       Yes, Incorporation No. & Date \_\_\_\_\_
  
7. How long has the organization been in existence? \_\_\_\_\_
  
8. How many persons comprise your bona-fide membership? \_\_\_\_\_

9. Describe the requirements which a person must meet in order to become a bona-fide member of your organization?

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10. What category best describes the Organization?

Advancement of Education                       Relief of Poverty                       Health & Welfare

Advancement of Religion

Other Charitable Purposes Beneficial to the Community: (Please specify subcategory)

\_ Culture & Arts                      \_ Health & Welfare                      \_ Amateur Sports Organizations

\_ Enhancement of Youth                      \_ Public Safety Programs                      \_ Community Service Organizations

11. Please list and describe the specific programs and services delivered by the Organization and associated cost (do not restate your mandate or mission statement):

<u>Services</u>	<u>Costs</u>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

12. Describe your organization's aims and objectives and indicate the specific purpose(s) to which the lottery proceeds will be applied:

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17. Names of bona fide members who will work one or more of the lottery events referred to in this application:

1	_____	9	_____
2	_____	10	_____
3	_____	11	_____
4	_____	12	_____
5	_____	13	_____
6	_____	14	_____

18. Location of Bingo Lottery Events/Sales Location of Break-Open Tickets (if applicable)

BINGO	BREAK-OPEN TICKETS
_____	_____
Name of location	Name of location
_____	_____
Address of location	Address of location
_____	_____
Gaming supplier registration number	Gaming supplier registration number

19. Is the Applicant currently licensed / eligible in any other municipality to conduct raffle or other draws, bingo or break-open tickets?

Raffle/Other Draws     Yes     No

If yes, list other municipalities: \_\_\_\_\_

Bingo     Yes     No

If yes, list other municipalities: \_\_\_\_\_

Break-Open Tickets     Yes     No

If yes, list other municipalities: \_\_\_\_\_

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 \_\_\_\_\_

**DESIGNATED MEMBERS IN CHARGE**

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

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, 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. We, as bona fide members, have signing authority, hold a senior position with the organization and will be present at the bingo event. (IN addition to the three bona fide members listed below, please include a list of six to eight names, including positions within the organization and telephone numbers (during the day) in order to deal with scheduling and unscheduled absences.)

<b>Print Name in Full</b>	
<b>Title</b>	
<b>Other Position(s) held in Organization</b>	
<b>Home Address</b>	Number and Street: City and Prov.: Postal Code:
<b>Phone Numbers</b>	
<b>Date</b>	
<b>Signature</b>	

<b>Print Name in Full</b>	
<b>Title</b>	
<b>Other Position(s) held in Organization</b>	
<b>Home Address</b>	Number and Street: City and Prov.: Postal Code:
<b>Phone Numbers</b>	
<b>Date</b>	
<b>Signature</b>	

<b>Print Name in Full</b>	
<b>Title</b>	
<b>Other Position(s) held in Organization</b>	
<b>Home Address</b>	Number and Street: City and Prov.: Postal Code:
<b>Phone Numbers</b>	
<b>Date</b>	
<b>Signature</b>	

Names of Additional Volunteers: 1. \_\_\_\_\_ 2. \_\_\_\_\_

- |          |          |
|----------|----------|
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

**NOTE**

**THIS STATEMENT MUST BE SIGNED BY  
TWO (2) PRINCIPAL OFFICERS OF THE APPLICANT ORGANIZATION**

**WHEN SUBMITTED FOR CONSIDERATION,  
THIS STATEMENT MUST BE ACCOMPANIED BY THE FOLLOWING:**

1. A copy of the applicant's articles of incorporation, as well as any bylaws and/or constitution (if applicable).
2. a) Copy of letter from Canada Customs and Revenue Agency (letter recognizing charitable status under the Income Tax Act).  
  
b) Copy of the most recent filing with Canada Customs and Revenue Agency.
3. A list containing the names, addresses and telephone numbers of all bona fide members and a list of the current executive.
4. 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.
5. A copy of your previous year's financial statement.
6. Detailed program of services provided.
7. Other:

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