



## Lottery Licensing Eligibility & the Use of Proceeds Package

### Eligibility

#### Are You Eligible for a Charitable Gaming License?

The eligibility of your organization will be determined by the licensing office you are applying to. Charitable registration with Revenue Canada or incorporation as a non-profit organization does **not** guarantee eligibility for licenses.

#### Your organization may be eligible if it:

- Has a purpose to provide charitable services to Ontario residents to:
  - Relieve poverty
  - Advance education
  - Advance religion
  - Benefit the community
- Has carried out activities consistent with its charitable purpose for at least 1 year
- Is located in Ontario
- Is non-profit

#### Examples may include:

- Hospitals
- Service clubs
- Youth activities or sports
- Arts or culture

Organizations that only promote the private interests of their members do **not** qualify for gaming events licenses. This may include (but is not limited to):

- Adult recreation or sports
- Individual sports teams
- Unions or employee groups
- Social clubs
- Professional associations
- Political, government, lobbying or advocacy groups

Before applying for a lottery license, fill out the Lottery License Eligibility Questionnaire and submit it to the Municipality of Highlands East to determine your organization's eligibility.

**The Municipality of Highlands East requires a minimum of seven (7) days processing time and ten (10) days for first time licensee.**

## Lottery License Eligibility Questionnaire

### Completion Instructions

This questionnaire must be completed and forwarded to a licensing officer with the documents listed on the attached page. Completed questionnaires are accepted by emailed or a hard copy can be delivered to the Municipality of Highlands East at 2249 Loop Road, Wilberforce. If you require any further information please contact a licensing officer, 705-448-2981 ext. 422 or ext. 421

### Organization

Registered Name of Organization:		
Operating Name (if different):		
Business Address:		
Contact Name:		
Phone Number:	Business: Cell:	Home:
Website Address:		
Email:		

1. Is the Organization incorporated as a non-profit organization with Ministry of Consumer & Business Services (Ontario)?  
 Yes    No   Corporation #: \_\_\_\_\_   Date Issued: \_\_\_\_\_
  
2. Is the Organization registered with Revenue Canada as a charity?  
 Yes    No   Registration #: \_\_\_\_\_   Date Issued: \_\_\_\_\_
  
3. How long has your organization been providing services? \_\_\_\_\_
  
4. What category best describes your organization?
 

<input type="checkbox"/> Relief of Poverty	<input type="checkbox"/> Advancement of Education	
<input type="checkbox"/> Health and Welfare	<input type="checkbox"/> Advancement of Religion	
<input type="checkbox"/> Other Charitable Purposes Beneficial to the Community: (Please specify sub-category)		
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Health & Welfare	<input type="checkbox"/> Amateur Sports Organizations
<input type="checkbox"/> Enhancement of Youth	<input type="checkbox"/> Public Safety Programs	<input type="checkbox"/> Community Service Organizations
  
5. Please list and describe the specific programs and services your organization delivers and associated cost (do not restate your mandate or mission statement):
 

	<u>Costs</u>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

- 4. \_\_\_\_\_ 4. \_\_\_\_\_
- 5. \_\_\_\_\_ 5. \_\_\_\_\_

6. Please list and describe the various programs and services you donate lottery proceeds to.

- |          | <u>Donation Values</u> |
|----------|------------------------|
| 1. _____ | 1. _____               |
| 2. _____ | 2. _____               |
| 3. _____ | 3. _____               |
| 4. _____ | 4. _____               |
| 5. _____ | 5. _____               |

7. Approximate total number of members in your organization: \_\_\_\_\_

8. Describe the requirements that a person must meet in order to become a bona fide member of your organization.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Date of fiscal year-end \_\_\_\_\_ Please indicate last day of filing \_\_\_\_\_ (date)

10. Does your organization currently manage and conduct any gaming events (lotteries) within the Municipality or other Municipalities?  Yes  No

Please indicate type of gaming event and location (Municipality)

- |  |  |
|--|--|
| <input type="checkbox"/> Bingo _____             | <input type="checkbox"/> Raffle _____  |
| <input type="checkbox"/> Break Open Ticket _____ | <input type="checkbox"/> Bazaars _____ |

\*Please include name and address of Supplier registered under Gaming Control act, 1992.

\_\_\_\_\_

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

If yes, which municipality? \_\_\_\_\_

12. For the purpose of lottery licensing, all Organizations must have a lottery trust account.

Please complete the following information:

Name of Financial Institution: \_\_\_\_\_

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

Trust Account number: \_\_\_\_\_

Date Opened: \_\_\_\_\_

13. Would you like to pick up the License?  Yes Contact Number: (      ) \_\_\_\_\_

- No If no, license will be mailed to the address listed on page 2 of this document.

Municipal staff will not disclose Lottery License numbers by phone, nor will licenses be faxed. Staff will mail licenses if time permits.

## 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 license is issued. We, as bona fide members, have signing authority, hold a senior position with the organization and will be present at the 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).

Print Name in Full	
Title	
Other Position(s) held in Organization	
Home Address	
Phone Number	Business: _____ Home: _____ Cell: _____
Date	
Signature	

Print Name in Full	
Title	
Other Position(s) held in Organization	
Home Address	
Phone Number	Business: _____ Home: _____ Cell: _____
Date	
Signature	

Print Name in Full	
Title	
Other Position(s) held in Organization	
Home Address	
Phone Number	Business: _____ Home: _____ Cell: _____
Date	
Signature	

Names of additional volunteers:

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

**The following documents are required to be submitted with the Lottery License Eligibility Questionnaire**

1. A copy of the following:
  - a. Letters patent (incorporation papers) & any supplementary letters patent
  - b. Revenue Canada registration approval letter.
2. A copy of your current Constitution and/or bylaws, letters patent, charter, trust deed, memorandum of association, bearing the date adopted and signatures of three directing officers.
3. Full financial statements (audited if applicable) for the previous year including all sources of income and all expenses.
4. Current year's budget.
5. Proposed use of lottery proceeds (lottery revenues must be spent in a manner which provides a direct benefit to the community).
6. Latest report to the Public Guardian and Trustee, if applicable.
7. Organization's annual report, if applicable.

**Incomplete Applications**

When submitting a lottery license application all appropriate documentation and fees must be included. Incomplete packages will be returned to your organization. It is your responsibility to notify the Lottery License Office of any changes to your organization such as changes to your Board of Directors, mandate or mission statement or changes in programs and services you donate lottery proceeds to.