



## APPLICATION FOR LICENSING ELIGIBILITY

This form is to be completed by an applicant for a lottery license not previously approved in the Township of Essa.

Name of Organization: \_\_\_\_\_

Municipal Address: \_\_\_\_\_  
(include postal code)

Mailing Address: \_\_\_\_\_  
(if different from above)

Type of Lottery for which application is being made:

Bingo      Break-Open      Raffle      Bazaar

Is the Applicant incorporated as a non-profit organization in the Province of Ontario?

Yes \_\_\_\_\_ Incorporation # \_\_\_\_\_ No \_\_\_\_\_

Is the Applicant registered with Canada Customs and Revenue Agency as a charitable organization?

Yes \_\_\_\_\_ Registration # \_\_\_\_\_ No \_\_\_\_\_

Jurisdiction of Incorporation: \_\_\_\_\_

How long has the organization been in existence? \_\_\_\_\_

How many persons comprise your bona fide membership? \_\_\_\_\_

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

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1. Describe your organization's aims and objectives.

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

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The Applicant Organization's general and lottery trust account (if open at this time)  
(NOTE: It will be required at the time of application)

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

Address of Financial Institution: \_\_\_\_\_  
(include postal code)

Account #: \_\_\_\_\_

The Applicants' Financial year-end date is: \_\_\_\_\_

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)

\_\_\_\_\_  
(Business Address)

\_\_\_\_\_  
(Business Phone Number)

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. _____ |

Is the Applicant currently licensed, or ever been licensed, in any other municipality to conduct bingo or break open tickets?

Bingo            Yes \_\_\_\_\_            No \_\_\_\_\_

If Yes, list other municipalities \_\_\_\_\_

Break-Open Tickets            Yes \_\_\_\_\_            No \_\_\_\_\_

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

If Yes, where? \_\_\_\_\_

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 #

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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: \_\_\_\_\_

**NOTE**

THIS REQUEST FOR ELIGIBILITY 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 AND/OR CONSTITUTION, AS WELL AS ANY BY-LAWS, IF APPLICABLE.
2. a) A COPY OF LETTER FROM CANADA CUSTOMS AND REVENUE AGENCY (letter recognizing charitable status under the Income Tax Act)  
b) COPY OF MOST RECENT FILING WITH CANADA CUSTOMS AND REVENUE AGENCY.
3. A LIST CONTAINING THE NAMES, BUSINESS ADDRESSES AND BUSINESS 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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