



Questionnaire Respecting Applicants for Lottery Licence

Determination of Eligibility

The Licensing authority will review all relevant documentation submitted to determine eligibility for lottery licences. These decisions are based on what is considered charitable in law, including the Criminal Code of Canada, previous court decisions, Order-in-Council 2688/93 as amended, and the policies issued by the Registrar of Alcohol and Gaming.

1. Registered Name of Organization (as shown on Governing Documents):

Operating Name, if different: _____

Business Address: _____

Telephone Number: _____

Fax No. _____

Email: _____

Website: _____

2. Which of the classifications of charitable objects do the primary purposes of the organization relate to?

- Advancement of Education
- Health and Welfare
- Relief of Poverty
- Advancement of Religion
- Other Charitable Purposes Beneficial to the community. Please specify sub-category:
 - Culture and Arts
 - Enhancement of Youth
 - Health and Welfare
 - Public Safety Programs
 - Amateur Sports Organizations
 - Community Service Organizations

3. The following pre-requisites are **mandatory** to be considered eligible for a lottery licence:

Has your organization been in existence for at least one (1) year?

- No
- Yes

Does your organization have a place of business 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?

- No
- Yes

In order to determine eligible uses of proceeds, your organization must set out in detail its proposed uses of proceeds and for which programs the proceeds will be applied.

The organization's proposed use of proceeds must be for charitable programs and the programs must be consistent with the charitable purposes and objects of the organization. These purposes and objects must be of a charitable nature and fall within at least one of the classifications listed above.

4. Is the organization incorporated as a non-profit organization with the Ministry of Consumer and Business Services (Ontario)?

- No
- Yes

Registration date: _____

Registration number: _____

5. Is the organization registered with Revenue Canada as a charity?

- No
- Yes

Registration date: _____

Registration number: _____

6. How long has the organization been providing services? _____

7. What is the charitable purpose/mandate of the organization?

8. Approximate total number of members in the organization: _____

9. Date of fiscal year-end: _____

Please indicate last day of filing: _____

10. Does the Organization currently manage and conduct any gaming event (lotteries) in other municipalities?

No

Yes

Please indicate type of gaming event and municipality:

Bingo

Municipality: _____

Raffle

Municipality: _____

Break Open Ticket

Municipality: _____

Bazaars

Municipality: _____

Please include name and address of Supplier registered under Gaming Control Act, 1992: _____

11. For the purpose of lottery licensing, all organizations must have a lottery trust account. Please complete the following information:

Name of Financial Institution: _____

Address of Financial Institution: _____

Trust Account Number: _____

Date Opened: _____

Please attach the following information:

- Incorporation Papers (Letters Patent)
- Constitution and By-laws
- Notification of Charitable Registration (Canada Customs and Revenue Agency) (if applicable)
- The most recent Registered Charity Information Return & Public Information Return, as submitted to Canada Customs and Revenue Agency (if applicable)
- Financial Statement for Previous Fiscal Year (audited, where 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
- 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)
- The proposed use of proceeds, which must be consistent with the primary objects and purposes of the organization and of a charitable nature consistent with at least one of the classifications of charitable purposes.

Minimum Constitution Requirements:

- Organization's Name
- Objects and Purposes
- Clause stating that the organization shall be carried on without purpose of gain for its members and any profits or other accretions to the organization shall be used solely to promote its purposes
- Organization's Structure
- A provision that explains how the organization will replace its officers and directors
- The signatures of at least three of the organization's current officers
- A clause that provides for the distribution of the property of the organization at windup to charitable organizations which carry on their work for the benefit of residents of Ontario that would also be eligible for charitable gaming licences

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 _____ 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 two to three names, including positions within the organization and telephone numbers (during the day) in order to deal with scheduling and unscheduled absences.)

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

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

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

Other Contacts:

	Name	Position	Phone Number
1.			
2.			
3.			