

**TOWNSHIP OF WOOLWICH  
LOTTERY LICENSING ELIGIBILITY REVIEW**

Please ensure you review the full form and applicable requirements prior to completing the eligibility review. Determining an organization’s eligibility for lottery licensing is a complex process. Registration under the federal *Income Tax Act* as a charitable organization does not confer automatic lottery licensing privileges.

Licensing officials must assess eligibility for each organization on a case-by-case basis, considering the specific circumstances of each organization. Please note that we may need to contact you to clarify the information provided in this form.

Please ensure all required supporting documents are included prior to submission. Please do not leave any fields blank – if you do not believe a section is applicable to your Organization, please mark it “N/A”.

*Lottery Licensing refers to a lottery scheme such as bingos, raffles, break open tickets, and social gaming events permitted by a licence under the Criminal Code of Canada. Licensing is regulated by the Alcohol and Gaming Commission of Ontario (AGCO). Municipalities issue licences under the authority of Order-in-Council 1413/08. More information on eligibility requirements can be found in the AGCO’s Lottery Licensing Policy Manual (LLPM).*

# Organization Information

Registered Name of Organization (as shown on Governing Documents):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Operating Name, if different: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of members (can be approximate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the organization currently manage any lottery gaming events in any other municipalities?

Yes  No

If yes, please indicate the municipality or municipalities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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If yes, please indicate the type of gaming event and location:

Bingo Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Raffle Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bazaar\* Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Break-Open Ticket (BOT)\* Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* *Provide the name and address of the ticket Supplier registered under Gaming Control Act, 1992:*

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

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

# Non-Profit Incorporation

Is the Organization incorporated as a Non-Profit Organization with the Province of Ontario?

Yes  No

If so, please provide the Organization’s:

Registration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Charitable Incorporation

Is the Organization registered with Revenue Canada as a Charity?

Yes  No

If so, please provide the Organization’s:

Registration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Charitable Objectives and Service Delivery

How long has the Organization provided services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Organizations must have been in existence and provided charitable community services consistent with the primary objects and purposes of the organization for at least one (1) year before they can be considered eligible for lottery licensing.*

Which category best describes the Organization’s charitable objects and purposes? (Please choose one.)

Relief of Poverty

Advancement of Education

Advancement of Religion

Other Charitable Purposes Beneficial to the Community (see below)

Other Charitable Purposes Beneficial to the Community: (Please choose one)

Promotion of Arts and Cultural Activities

Cultural, Ethnic, Native, Historic, or Heritage Pursuits

Improvement of the Quality of Health Through Medical Research

Treatment Programs and Preventative Programs

Youth Sporting Activities

Community Projects Undertaken by Service Organizations

Approximately how many people (members, students, other community members/Township residents) will directly benefit from the money raised through lottery events?

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

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

1. Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For more information on determining the eligibility of an organization, please see Appendix “D”.*

# Financial Information

Date of Fiscal Year-End: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Last Filing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For the purpose of lottery licensing, all eligible Organizations must have a designated Lottery Trust Account. Please provide the following information:

Name of Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trust Account No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Proposed Use of Proceeds

To help determine eligible use(s) of proceeds, the Organization must set out in detail its proposed use(s) of proceeds within the submitted Lottery Licence Application Form and detail to 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 objects and purposes of the Organization. These objects and purposes must be of a charitable nature and fall within at least one of the four charitable classifications listed in in the “Charitable Objectives and Service Delivery” section on Page 2 of this form. Eligible use(s) of proceeds must provide direct benefit to the residents of Ontario. For more information on determining the eligibility of proposed use(s) of proceeds, please see Appendix “D”.

*Lottery proceeds must be used for the purposes approved by the licensing authority on the approved Lottery Licence Application Form. Licensees wishing to use lottery proceeds for any purpose not requested on their original Lottery Licence Application Form must request a licence amendment from the issuing Licensing Officer and receive written approval from the Licensing Officer before using the lottery proceeds for the new purpose(s).*

The Licensing Officer will use the following information, as provided in this form, to evaluate and determine each Organization’s eligible use of proceeds for future lottery licence applications in relation to the Organization’s charitable objectives and past service delivery:

* Financial Statements – reviewing past expenditures, which must demonstrate that contributions to support the charitable objectives of the Organization have been made, and that the Organization is carrying out its charitable objects
* Current Operating Budget – reviewing itemized projected revenues and expenditures, ensuring the Organization’s proposed use of proceeds (as detailed in each Lottery Licence Application Form) coincide with the line items in the Organization’s current Operating Budget and demonstrate a need for lottery proceeds
* Constituting Documents and Lottery Licence Application Form – ensuring the proposed use of lottery proceeds is restricted to expenditures directly related to the delivery of the Organization’s charitable programs and are not to be used for programs that are not part of the Organization’s charitable objects and purposes identified in the Constituting Documents
* Constituting Documents – ensure the Organization has demonstrated it is a separate entity from any other organization legally, financially, and organizationally.

*Please Note: If the proposed use of lottery proceeds involves donation to a different organization, the recipient organization must be reviewed by the licensing authority (municipality) for eligibility if the organization has not already been deemed eligible. A list of ineligible recipient organizations can be found in the AGCO’s LLPM.*

# Additional Requirements

If any changes are made to the documents submitted, or the information provided therein, the Organization is required to provide the licensing authority (the municipality) with the amended documents as soon as they are available. Because organizations change, an organization that is considered eligible for lottery licensing must continue to provide the licensing authority with any and all amended documents as soon as they are available.

Organizations that receive lottery licences will be subject to periodic eligibility reviews, as-per the AGCO’s regulations.

# REQUIRED DOCUMENTATION

When an organization first applies for any type of lottery licence, or whenever a review of its eligibility is required, the organization must provide all the following information and documents that apply to it, as-per the AGCO’s eligibility requirements.

**Please attach and/or provide the following information.** There is space within the application to provide some of the information listed below. If you require additional space, please attach supporting documentation to this form.

* Constituting documents, bylaws
* Letters patent (if available)
* Budget, financial statement
* Board of directors
* Bona fide members list.

*Please Note: The Licensing Officer may require additional information to process the application. The Organization must provide any information requested to determine eligibility as-per the AGCO’s regulations in order to be deemed eligible.*

# MAIN CONTACT

Please provide the following information for your Organization’s main contact for lottery licensing, or the individual you wish to be the main contact:

**Full Name of Main Contact**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Name, if different**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Business Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City/Town**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Postal Code**: \_\_\_\_\_\_\_\_\_\_\_\_

**Telephone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fax**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# ACKNOWLEDGEMENT AND VERIFICATION OF INFORMATION

**The attestation below should be signed by two (2) voting board members for the Organization, such as the President, Treasurer, and Vice-President. Original signatures are required.**

We, as principal officers of this organization, the undersigned, fully understand that it may be necessary for the Licensing Officer or designate to inspect our lottery trust account in order to complete a lottery licence audit or related investigation. We therefore hereby authorize the Licensing Officer or designate to have access to the organization’s lottery trust account for review including but not limited to present balance, cheques written from the account, and transaction history.

With the submission of this application, we as principal officers of this organization, the undersigned, hereby declare that we have viewed this application declare that and all information provided in this application is true and correct and that this application discloses all facts known to us that are relevant thereto. If eligible status for lottery licensing is granted, we undertake to comply with all the terms and conditions of any such licence issued.

# Principal Officer #1

**Name of Signatory** (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Witness

**Name of Witness** (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Principal Officer #2

**Name of Signatory** (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Witness

**Name of Witness** (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Personal Information contained in this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act RSO 1990 c M.56 for the purpose of determining eligibility for the issuance of lottery licences to the applying organization. Questions about this collection should be directed to the Township’s Deputy Clerk at 519 669 1647 extension 6005.*

**APPENDIX “A”**

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| --- |
| **DESIGNATED MEMBERS IN CHARGE** |
| **All Designated Members in Charge must be bona fide members of the organization and are required to complete this form. All persons identified as signing authorities for the Organization must submit a current Criminal Records search, no more than six months old.**  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 lottery event. We, as bona fide members, certify that we have read and understand the requirements, as outlined in the Alcohol and Gaming Commission of Ontario’s policies respecting by-laws, lottery trust accounts, and financial records, and agree that if the organization represented in this submission is approved to hold lottery events in the Township of Woolwich, that we the Officers will abide by all terms and conditions as set out by the Alcohol and Gaming Commission of Ontario and the Township of Woolwich. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | | |
| **Title:** |  | | |
| **Start Date:** |  | **Term:** |  |
| **Other Position(s):** |  | | |
| **Home Address:** |  | | |
| **Email:** |  | | |
| **Phone:** |  | | |
| **Signature:** |  | **Date:** |  |

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| --- | --- | --- | --- |
| **Criminal Records Search** | | | |
| **Date of Search:** |  | **Attached?** | YES / NO |

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| --- | --- | --- | --- |
| **Full Name:** |  | | |
| **Title:** |  | | |
| **Start Date:** |  | **Term:** |  |
| **Other Position(s):** |  | | |
| **Home Address:** |  | | |
| **Email:** |  | | |
| **Phone:** |  | | |
| **Signature:** |  | **Date:** |  |

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| --- | --- | --- | --- |
| **Criminal Records Search** | | | |
| **Date of Search:** |  | **Attached?** | YES / NO |

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| --- | --- | --- | --- |
| **Full Name:** |  | | |
| **Title:** |  | | |
| **Start Date:** |  | **Term:** |  |
| **Other Position(s):** |  | | |
| **Home Address:** |  | | |
| **Email:** |  | | |
| **Phone:** |  | | |
| **Signature:** |  | **Date:** |  |

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| **Criminal Records Search** | | | |
| **Date of Search:** |  | **Attached?** | YES / NO |

**APPENDIX “A”**

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| **DESIGNATED MEMBERS IN CHARGE, continued** |
| In addition to the three (3) bona fide members listed on the previous page, please include a list of at least six (6) additional members, including each individual’s position within the organization and daytime telephone numbers, in order to handle scheduled and unscheduled absences. |

|  |  |
| --- | --- |
| **Print Name in Full:** |  |
| **Title:** |  |
| **Other Position(s) held in Organization:** |  |
| **Phone Numbers (Daytime):** | Business: Home: |

|  |  |
| --- | --- |
| **Print Name in Full:** |  |
| **Title:** |  |
| **Other Position(s) held in Organization:** |  |
| **Phone Numbers (Daytime):** | Business: Home: |

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| **Print Name in Full:** |  |
| **Title:** |  |
| **Other Position(s) held in Organization:** |  |
| **Phone Numbers (Daytime):** | Business: Home: |

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| **Print Name in Full:** |  |
| **Title:** |  |
| **Other Position(s) held in Organization:** |  |
| **Phone Numbers (Daytime):** | Business: Home: |

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| --- | --- |
| **Print Name in Full:** |  |
| **Title:** |  |
| **Other Position(s) held in Organization:** |  |
| **Phone Numbers (Daytime):** | Business: Home: |

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| **Print Name in Full:** |  |
| **Title:** |  |
| **Other Position(s) held in Organization:** |  |
| **Phone Numbers (Daytime):** | Business: Home: |

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| **Print Name in Full:** |  |
| **Title:** |  |
| **Other Position(s) held in Organization:** |  |
| **Phone Numbers (Daytime):** | Business: Home: |

**APPENDIX “B”**

|  |  |  |  |
| --- | --- | --- | --- |
| **BOARD OF DIRECTORS** | | | |
| Please list the current Board of Directors for your organization, their term, and contact information.  ***Note: The Township must be notified whenever a Board member is replaced to ensure we have the most up-to-date information.*** | | | |
| **POSITION** | **NAME** | **TERM** | **CONTACT** |
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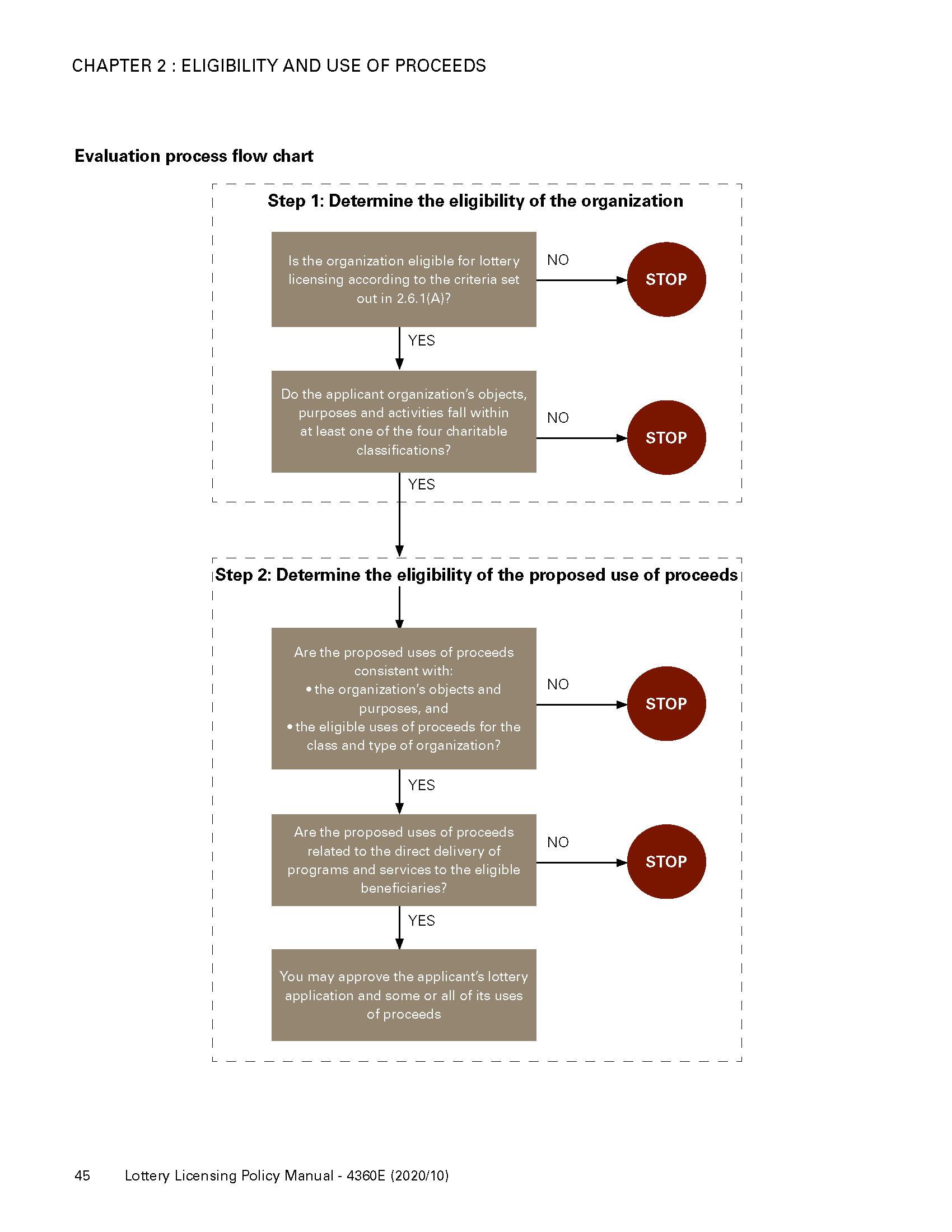
**APPENDIX “C”**

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| **SUBGROUPS, AFFILIATES, AND AUXILIARIES** |
| List all subgroups, affiliates, and/or auxiliaries for or of the Organization. |

|  |  |  |
| --- | --- | --- |
| **Name** | **Category** | **Additional Information** |
|  |  |  |
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**APPENDIX “D”**

Excerpt from the AGCO’s Lottery Licensing Policy Manual, Chapter 2: Eligibility and Use of Proceeds:

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**APPENDIX “E”**

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| **PROPOSED BUDGET – ANNUAL** |
| Please provide a full budget outline of the intended use(s) of monies raised by means of lottery events. Complete all sections of the budget outline below. **All budgeted items must fall within the mandate of your organization as provided as part of this Eligibility Review package.** If necessary, attach an additional page in the same format. |

|  |  |  |
| --- | --- | --- |
| **Full Description of Intended Expenditures** | **Reason(s) Funds Are Required** | **Proposed Amount to be Paid for with Lottery Proceeds** |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **Total Proposed Budget Expenditures:** | | **$** |

**ITEMS OF NOTE**

# Constituting/Governing Documents

* All persons identified as signing authorities for the Organization must submit a current (no more than six months old) Criminal Records search. (Please see Page 3)

# Designated Members in Charge

* All designated members in charge must be bona fide members of the Organization, and are required to complete this form

# Financials

* Designated Lottery Trust Account
  + All cheques must be returned to the client, or the client must have access to cheque images with each monthly financial statement
  + All cheques require a minimum of two (2) signatures from the Organization’s designated authorities and/or officers

# Records

* Licensees must keep all records pertaining to lottery licensing for a minimum of four (4) years

# Reporting Requirements Timeline

Organizations receiving a lottery licence must follow the reporting requirements below in order to remain eligible for current and future lottery licences.

**Monthly** – The Organization will be required to submit monthly financial statements and supporting documentation for lottery funds spent.

**Annually** – The Organization will be required to submit annual financial statements, as-per the LLPM’s regulations, submitted within 180 days of the Organization’s fiscal year-end date, as reported on Page 3.

**Per Licence** – The Organization will file all required lottery reports, as-per all relevant Terms and Conditions for each lottery licence, on or before the reporting deadline provided upon issuance of the lottery licence.

**As Arises** – If any changes are made to the documents submitted in this application, or the information provided therein, the Organization is required to provide the Township with the amended documents **as soon as they are available**.

# Responsibilities

* The Organization will be responsible for opening and maintaining a separate lottery trust account to hold only lottery funds
* The Organization will be required to submit **monthly** financial statements and supporting documentation for lottery funds spent
* The Organization will be required to submit **annual** financial statements, as-per the LLPM’s regulations, submitting within 180 days of the Organization’s fiscal year-end
* Ensure the Organization is and remains structured to be separate from other Organizations legally, financially, and organizationally
* If any changes are made to the documents submitted, or the information provided therein, the Organization is required to provide the Township with the amended documents **as soon as they are available**.

# Sports Organizations

* **Gaming Proceeds may only be used to support amateur athletes under the age of eighteen (18) years. Eligible organization must be an association or club which governs numerous teams.**
* Sports groups that have both junior (under the age of eighteen) as well as adult participants (eighteen years of age and over) must submit separate budgets; the cost to deliver the youth program must be clearly isolated from the adult program.

# Regulations, Governance, and Further Reading

* AGCO: Lottery Licence Policy Manual
* AGCO: Trust Accounts webpage
* *Criminal Code, R.S.C., 1985, c. C-46*
* *Gaming Control Act, 1992, S.O. 1992, c. 24*
  + O. Reg. 78/12: GENERAL
* *Municipal Act, 2001, S.O. 2001, c. 2*5
* Order-in-Council 1413/08