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### APPLICATION FOR LICENSING ELIGIBILITY

PLEASE COMPLETE THE FOLLOWING LOTTERY ORGANIZATION INFORMATION TO BE KEPT ON RECORD AT THE TOWN OF KINGSVILLE

Is this a **NEW** application for Eligibility?

**YES** – If yes, what type of Lottery are you applying for? *(Please fully complete the form and submit with all required documents before being approved to conduct any Lottery event)*

- Bingo**     **Break-Open Tickets**     **Raffle**

**NO** – If no, please complete application for updating purposes

1. Name of Organization \_\_\_\_\_

2. Municipal Address \_\_\_\_\_

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

3. Is the Organization incorporated as a non-profit organization in the Province of Ontario?

**YES**      Incorporation # \_\_\_\_\_ Date Incorporated \_\_\_\_\_

**NO**

4. Is the Organization registered with the Canada Customs and Revenue Agency as a Charitable Organization?

**YES** Registration # \_\_\_\_\_  **NO**

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

PLEASE PROVIDE:

**① A Current Copy of letter from Canada Customs and Revenue Agency**  
(letter recognizing charitable status under the Income Tax Act)

**② A Copy of most recent filing with Canada Customs and Revenue Agency**

5. How long has your Organization been in existence? \_\_\_\_\_ year(s)

6. How many members comprise your bona fide membership? \_\_\_\_\_

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

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

PLEASE PROVIDE:  **A list containing the Names, Addresses and Telephone Numbers of all Bona Fide Members, AND a list of current Executive**

7. Describe your organization's aim, objectives and services you provide.

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

PLEASE PROVIDE:  **A Copy of the Organization's Articles of Incorporation and/or Constitution or constating document, as well as any By-laws.**

8. Indicate the specific purpose(s) to which lottery proceeds will be applicable.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE PROVIDE:**  **Detailed Outline of all programs/services with specific cost incurred for the current year and the previous year**

9. Organization's Lottery Trust Account Information  
 NOTE: It will be required at the time of application  
 Name of Financial Institution \_\_\_\_\_  
 Address of Financial Institution \_\_\_\_\_  
 Lottery Account Number \_\_\_\_\_  
 Organization's Financial Year-End Date \_\_\_\_\_

**PLEASE PROVIDE:**  **A Copy of the Organization's Complete Budget, covering the current twelve (12) month fiscal or calendar year, detailing how resources will be acquired and dispersed during this period**

**A Copy of the Organization's previous year's financial statement**

10. 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: *(if this designated member changes, the municipality MUST be notified IMMEDIATELY)*  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone Numbers \_\_\_\_\_

11. Is the Organization currently licensed, or ever been licensed, in any other municipality to conduct lottery events?  YES  NO

If Yes, location of Lottery Events:

	BINGO	BREAK-OPEN TICKETS	RAFFLE
Municipality			
Name of Location			
Address			
Currently licensed			

12. Has the Organization ever had a licence revoked or refused?  YES  NO

If yes, where? \_\_\_\_\_

***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 of information.***

\_\_\_\_\_  
 Print Name of Principle Officer

\_\_\_\_\_  
 Print Name of Principle Officer

\_\_\_\_\_  
 Signature of Principle Officer

\_\_\_\_\_  
 Signature of Principle Officer

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

*If you have any further questions pertaining to your eligibility, please refer to The Alcohol and Gaming Commission of Ontario webpage, [www.agco.on.ca](http://www.agco.on.ca) All of the above information must come into this office before a lottery licence will be issued to your Organization. If you have any questions concerning Lottery Licensing in the Corporation of The Town of Kingsville, please contact the Corporate Services Department. Charities are encouraged to keep a completed copy for their reference.*