



**CORPORATION OF THE TOWN OF PELHAM  
APPLICATION FOR LICENSING ELIGIBILITY**

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

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 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:

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

1. Describe your organization's aims and objectives:

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

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

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

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 Applicant's 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)

\_\_\_\_\_  
(Telephone#/Business)

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	_____

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

Has the Applicant ever had a licence 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 #

\*\*\*\*\*

We the undersigned declare that all information provided in and with this statement is factual and correct.

\_\_\_\_\_  
Print Name of Principal Officer

\_\_\_\_\_  
Print Name of Principal Officer

\_\_\_\_\_  
Signature of Principal Officer

\_\_\_\_\_  
Signature of Principal Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*\*\*Please refer to the Municipal Freedom of Information and Protection of Privacy Act Section 8.8.(1) for disclosure information.*

**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 REVENUE AGENCY  
(letter recognizing charitable status under the Income Tax Act)**
- 2.b) A COPY OF MOST RECENT FILING WITH CANADA 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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