



**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**
