



TOWN OF PENETANGUISHENE

LOTTERY/BINGO ELIGIBILITY APPLICATION FORMS

For further information please contact: **Angèle Proulx**
Lottery Licensing Officer
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Dated: January 5, 2011

ORGANIZATION INFORMATION

Legal Name of Organization: _____

Organization Mailing Address: _____

City or Town: _____ Postal Code: _____

Telephone #: _____ Fax: _____

Email: _____

Website Address: _____

How long has the organization been in existence: _____

Is the Organization incorporated as a non-profit organization in the Province of Ontario: Yes _____ or No _____ Incorporation # _____

Is Organization part of a larger Provincial/Regional Organization: Yes _____ or No _____

Parent Organization Name: _____
(If applicable)

CONTACT INFORMATION

Name of Person Responsible for Lottery Account: _____

Role in Organization: _____

Address: _____

City of Town: _____ Postal Code: _____

Telephone #: _____ Fax: _____

Email Address: _____

QUESTIONNAIRE A

Organizational History and Governance

1. What is the mandate of your Organization?
2. Please list and attach the names, addresses and phone numbers of the Board of Directors of the Organization and their roles.
3. Describe how the Board is structured to achieve the goals and objectives and mandate of your Organization.
4. Please list and attach the names, addresses, and phone numbers of your "bona fide member" (meaning a member in good standing of the organization who has other activities, beyond conducting lottery events within the organization). "Members of Convenience whose only activity is to assist at Social Gaming Events are not considered bona fide members.

How many persons comprise your bona fide membership? _____

5. The Applicant Organization's general and lottery trust account(s) (if open at this time) (Note: Lottery Trust Account will be required at time of application)

Name of Financial Institution: _____

Address of Financial Institution: _____

Lottery Trust Account #: _____

6. The Applicants Financial Year End date: _____

7. What category best describe the Organization?

____ Advancement of Education

____ Relief of Poverty

____ Health and Welfare

____ Advancement of Religion

Other Charitable Purposes Beneficial to the Community: (Please specify)

____ Culture & Arts ____ Health & Welfare ____ Amateur Sports

____ Enhancement of Youth ____ Public Safety ____ Community Service

8. Is the Applicant currently licensed, or ever been licensed, in any other Municipality to conduct Break Open Tickets or Bingo?

Break Open Tickets: Yes ____ or No ____

If yes, list other Municipalities: _____

Bingo: Yes ____ or No ____

If yes, list other Municipalities: _____

Has the Organization ever had a license revoked or refused?

Yes ____ or No ____
(If yes, please provide details)

9. Propose location of Bingo Lottery Events/Sales Location of Break Open Tickets

BREAK OPEN TICKETS

BINGO

Name of Location

Name of Location

Address of Location

Address of Location

Gaming Supplier Registration #

Gaming Supplier Registration #

ORGANIZATION AGREEMENT

We, the undersigned, declare that all the information provided in and with this statement is factual and correct. (Must be signed by 2 Principal Officers)	
Name: _____	_____
Print Name of Principal Officer	Print Name of Principal Officer
_____	_____
Signature of Principal Officer	Signature of Principal Officer
_____	_____
Title	Title
_____	_____
Date	Date

NOTE:

When submitted this Eligibility Application for consideration it must be accompanied by the following:

1. A copy of letters of incorporation or constitution and/or by-laws (the group must have been in existence for at least 1 year);
2. Copy of the organization/groups mandate;
3. Copy of the goals and objectives of the organization/group;
4. A copy of the Applicant's complete budget, covering the current twelve month fiscal or calendar year and detailing how financial resources will be acquired and dispersed during this period;
5. A copy of your previous year's financial statement;
6. A detailed description of organizations activities;
7. A detailed Outline of Programs/Services;
8. A copy of membership list, if applicable;

9. Details of proposed use of lottery proceeds. Please note that the proposed use of proceeds must be consistent with the primary objects and purposes of the organization which must be of a charitable nature consistent with at least one of the four classifications of charitable purposes
10. The Town will require that your organization pass a By-law stating that: If the organization should dissolve, you will be liable to provide a distribution of the organization's assets and property held or acquired from proceeds of licensed lottery events (i.e. lottery trust accounts or property purchased with lottery proceeds) to charitable organizations that are eligible to receive lottery proceeds in Ontario.
11. Any other information that will assist in determining the charitable nature of the organizations objectives and purpose. This could include an annual report, charitable number for income tax purposes, latest report to the Public Trustee or the fact that the organization meets the reporting requirements of the Charities Accounting Act.

(When submitting the attachments of documents please refer to the number on the application forms.)