



## **APPLICATION FOR LICENSING ELIGIBILITY**

This form is to be completed by an applicant for a lottery licence not previously approved in the City of Welland.

Name of Organization: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(including postal code)

Mailing Address: \_\_\_\_\_  
(if different than above)

Contact Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

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

Is the Applicant incorporated as a non-profit organization in the Province of Ontario?

Yes \_\_\_\_\_ Incorporation # \_\_\_\_\_ No \_\_\_\_\_

Is the Applicant a registered charity with Revenue Canada?

Yes \_\_\_\_\_ Registration # \_\_\_\_\_ No \_\_\_\_\_

How long has the Organization been in existence? \_\_\_\_\_

How many members are in the Organization? \_\_\_\_\_

What category best describes the Organization?

- |   |  |
|---|--|
| <input type="checkbox"/> Relief of Poverty  | <input type="checkbox"/> Advancement of Education        |
| <input type="checkbox"/> Advancement of Religion  | <input type="checkbox"/> Health and Welfare              |
| <input type="checkbox"/> Other Charitable Purposes Beneficial to the Community:<br>(Please specify sub-category√) |  |
| <input type="checkbox"/> Culture & Arts   | <input type="checkbox"/> Enhancement of Youth            |
| <input type="checkbox"/> Health & Welfare   | <input type="checkbox"/> Public Safety Programs          |
| <input type="checkbox"/> Amateur Sports Organizations   | <input type="checkbox"/> Community Service Organizations |

Describe the Organization's purpose and objectives:

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

<b>Services</b>	<b>Costs</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Indicate the specific purpose(s) for which lottery proceeds will be used.

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

Is the Applicant currently licensed, or ever been licensed, to conduct lotteries within other Municipalities?

No     Yes: indicate type of lottery and where: \_\_\_\_\_

For the purpose of lottery licensing, all Organizations must have a lottery trust account. Please complete the following if available at this time.  
(NOTE: It will be required at time of licence approval)

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

Branch Address: \_\_\_\_\_

Trust Account #: \_\_\_\_\_

Date of fiscal year-end: \_\_\_\_\_

We, the undersigned, as active, bona fide members of \_\_\_\_\_  
(organization)

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

\_\_\_\_\_  
Print name of Designated Member

\_\_\_\_\_  
Print name of Designated Member

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## **REQUIRED APPLICATION DOCUMENTATION**

The following documents of the Organization must be submitted with this application where applicable:

1. A copy of its Letters Patent.
2. A copy of its Notification of Charitable Registration letter from the Canada Customs and Revenue Agency.
3. A copy of its Constitution and By-laws.
4. A copy of its budget for the current year.
5. A copy of its financial statements for the preceding year.
6. A list of its Board of Directors.
7. Any other supporting documentation that will demonstrate the charitable nature of the organization's purposes, objects and activities.