CITY OF Welland

# APPLICATION FOR LICENSING ELIGIBILITY

This form is to be completed by an applicant for a lottery license 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?

- ☐ Relief of Poverty
- ☐ Advancement of Education
- ☐ Advancement of Religion
- ☐ Health and Welfare
- ☐ Other Charitable Purposes Beneficial to the Community:
  (Please specify sub-category√)
  - _ Culture & Arts
  - _ Enhancement of Youth
  - _ Health & Welfare
  - _ Public Safety Programs
  - _ Amateur Sports Organizations
  - _ Community Service Organizations

Describe the Organization's purpose and objectives:

_____

_____

_____

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

| **Services** | **Costs** |
|---|---|
| 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 |