

**ATTENTION: THIS APPLICATION IS A PUBLIC DOCUMENT. ALL INFORMATION SET OUT WILL BE RELEASED TO ANY PERSON WHO MAKES A REQUEST FOR THIS INFORMATION**

**APPLICATION FOR LICENSING ELIGIBILITY**

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

■ Name of Applicant \_\_\_\_\_

■ Municipal Address \_\_\_\_\_  
(incl postal code)

■ Mailing Address \_\_\_\_\_  
(if different from above)

■ Type of Lottery for which application is being made:

Bingo                      Break-Open                      Raffle                      Bazaar

■ If the Applicant incorporated as a non-profit organization in the Province of Ontario

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

■ Is the Applicant registered with Canada Customs and 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 \_\_\_\_\_

■ How many of your bona fide members reside in Niagara Falls: \_\_\_\_\_

■ Describe the requirements which a person must meet in order to become a bonafide member of your organization.

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

- Describe your organization's aims and objectives and indicate the specific purpose(s) to which bingo, break-open or raffle lottery proceeds will be applied:

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- Will bingo, break-open or raffle lottery earnings be applied **exclusively** to the support of non-profit and/or charitable purposes and activities in the City of Niagara Falls.

Yes \_\_\_\_\_ No \_\_\_\_\_

- If no: Where and to what purpose will the lottery earnings be applied outside of the City of Niagara Falls.

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- 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 \_\_\_\_\_  
(incl. postal code)

Account # \_\_\_\_\_

- The Applicants Financial year end date is: \_\_\_\_\_

- The designated member of the Applicant organization who will be responsible for keeping and maintaining records of all financial transactions pertaining to the licensed lottery activities:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
Telephone # Business Home

- Names of bona fide members who will work one or more of the lottery events referred to in this application:

1 _____	2 _____
3 _____	4 _____
5 _____	6 _____
7 _____	8 _____
9 _____	10 _____
11 _____	12 _____
13 _____	14 _____

- Location of Bingo Lottery Events/Sales Location of Break-Open Tickets

**BINGO**

**BREAK OPEN TICKETS**

\_\_\_\_\_  
name of location

\_\_\_\_\_  
address of location

\_\_\_\_\_  
gaming supplier registration #

\_\_\_\_\_  
name of location

\_\_\_\_\_  
address of location

\_\_\_\_\_  
gaming supplier registration #

- Is the Applicant currently 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    \_\_\_\_\_

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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

**NOTE**

**THIS STATEMENT 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, AS WELL AS ANY BY-LAWS AND/OR CONSTITUTION IF APPLICABLE.**
- 2a. COPY OF LETTER FROM CANADA CUSTOMS AND REVENUE AGENCY (letter recognizing charitable status under the Income Tax Act)**
- 2b. COPY OF THE MOST RECENT FILING WITH CANADA CUSTOMS AND REVENUE AGENCY.**
- 3. A LIST CONTAINING THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL BONAFIDE 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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