



Township of Puslinch Lottery Licensing Eligibility Review

Who is Eligible?

Eligible charitable, non-profit, and religious organizations may be licensed to conduct lotteries in Puslinch.

An organization may be eligible if it:

- Has been in existence for at least one year
- Has provided charitable community services with goals and activities that are consistent with the mandate of the organization for at least one year in Puslinch
- Proposed use of proceeds are for charitable programs and services that directly benefit the residents of Puslinch
- Assumes full responsibility for the conduct and management of its event

Note: Individuals and businesses are not eligible for a lottery licence.

Is my organization Eligible?

Before applying for a lottery licence ensure that your organization is eligible. If your organization has not been licensed by Puslinch in the last two years apply for an Eligibility Review.

Applying for an Eligibility Review

To apply for an eligibility review, an organization must submit to the Clerk's Department:

1. A lottery licensing Eligibility Review Application
2. Organization's Constitutions and/or by-laws, signed and dated
3. Letters Patent, if applicable
4. List of current Board of Directors showing name, position in the organization, address, phone number and email address
5. Membership list, if applicable
6. Brochures, pamphlets and any other background information describing programs and services delivered by the organization
7. Revenue Canada Notification of Charitable Designation, if applicable
8. Most recent documents filed with Revenue Canada (T3010), if the organization is registered as a charity under the Charities Accounting Act or Income Tax Act
9. Operating budget for the current year and past year, including all sources of revenue and expenses
10. Most recent annual signed financial statement

The Clerk's Department will review your application and notify you in writing of your organization's eligibility to conduct a lottery. An eligibility review usually takes 10 business days to review.

If you have any questions regarding your application contact the Clerk's Department.

Hours: Monday – Friday 9:00 a.m. to 4:30 p.m. **Email:** admin@puslinch.ca **Phone:** 519-763-1226



**Township of Puslinch
Lottery Licensing Eligibility Application**

Lottery Licensing Eligibility Application

Organization Details

Registered Name:

Operating Name:

Address:

Mailing Address:

Phone:

Email:

Website:

Providing Services Since:

Number of members:

Category that best describes the organization (check one)

Arts and Culture

Sports

Education

Community Support

Health and Welfare

Service Club

Religious

Relief of Poverty

Other:



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Programs and/or Services Provided

(Attach additional information if needed)

Name of Program or service:

Yearly Cost incurred:

Name of Program or service:

Yearly Cost incurred:

Name of Program or service:

Yearly Cost incurred:

Name of Program or service:

Yearly Cost incurred:

Proposed Use of Proceeds

Note lottery revenues must be spent in the manner which provides direct benefit to the residents of Puslinch and is consistent with the mandate of the organization. Explain in detail the proposed use of lottery proceeds. Attach additional pages if required.

Financial Details

Name of organization's banking institution:

Fiscal year end date:

Last date of filing:



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Lottery Licensing Eligibility Application**

Principal Officers of Record

We as the principal officers of this organization declare:

- We have read over this application
- All information provided in this application is true and correct
- If eligible status for lottery licensing is granted, we undertake to comply with all the terms and conditions of any such licence issued

Name of Principal Officer:

Title/position in organization:

Other positions in organization (if applicable):

Address:

Phone:

Email:

Signature:

Date:

Name of Principal Officer:

Title/position in organization:

Other positions in organization (if applicable):

Address:

Phone:

Email:

Signature:

Date:



**Township of Puslinch
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Name of Bona Fide Member – Designated in charge:

Title/position in organization:

Other positions in organization (if applicable):

Address:

Phone:

Email:

Signature:

Date:

Name of Bona Fide Member – Designated in charge:

Title/position in organization:

Other positions in organization (if applicable):

Address:

Phone:

Email:

Signature:

Date: