

# Township of Puslinch Lottery Licensing Eligibility Review

#### Who is Eligible?

The Alcohol and Gaming Commission of Ontario (AGCO) is responsible for regulating charitable gaming in the province. The AGCO provides that only non-profit charitable groups may be eligible to obtain lottery licenses. To be eligible to obtain a lottery licence, an organization must first have charitable purposes and objectives that fall within one of the four charitable classifications:

- 1. Relief of poverty
- 2. Advancement of education
- 3. Advancement of religion
- 4. Other charitable purposes beneficial to the community that do not fall into any other categories
  - 4.1. Culture and the arts
  - 4.2. Health and welfare
  - 4.3. Amateur sports organizations
  - 4.4. The enhancement of youth
  - 4.5. Public safety programs
  - 4.6. Community service organizations

If an organization falls into one of the four charitable classifications it 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.

#### **Applying for an Eligibility Review**

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

Lottery licensing Eligibility Review Application

Organization's Constitutions and/or by-laws, signed and dated

**Letters Patent** 

List of current Board of Directors showing their position in the organization, name, phone number and email address

Brochures, pamphlets and any other background information describing programs and services delivered by the organization

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Revenue Canada Notification of Charitable Designation

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

Operating budget for the current year and past year, including all sources of revenue and expenses

Most recent annual signed financial statement

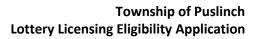
The Clerk's Department will review your application and notify you in writing of your organization's eligibility to conduct a lottery. An eligibility review usually takes 10 business days to review.

#### **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 all that apply):

| Relief of Poverty e.g. Food bank, shelters, meal programs                                   |  |  |
|---------------------------------------------------------------------------------------------|--|--|
| Advancement of Education e.g. Schools, scholarship funds                                    |  |  |
| Advancement of Religion e.g. Churches, missionary organizations, other religious assemblies |  |  |
| Culture and the Arts e.g. Theatre groups, symphony orchestras, heritage conservation        |  |  |
| Health and Welfare e.g. Hospitals, seniors centres, substance abuse programs                |  |  |
| Amateur Sports Organization e.g. Youth amateur sports organizations                         |  |  |
| The Enhancement of Youth e.g. 4-H Clubs, Big Brothers and Big Sisters, Scouts, Girl Guides  |  |  |
| Public Safety Program e.g. Community water safety programs, search and rescue programs      |  |  |
| Community Service Organization e.g. Service Clubs, Unites Way, Veteran services             |  |  |





| 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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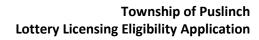
### **Principal Officers of Record**

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:  |  |  |  |





| 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:  |  |  |