



Hamilton

City of Hamilton
City Hall, 71 Main Street West
Hamilton, Ontario
Canada L8P 4Y5
www.hamilton.ca

Licensing and By-Law Services, Planning and Economic Development
Physical Address: 77 James St N, Suite 250
Phone: 905.546.2782 Fax: 905.540.6280
Email: licensing@hamilton.ca

Eligibility Application and Questionnaire

2020 administration fee for the eligibility review: \$77.00 (cheques made payable to the City of Hamilton)

In order to be considered for Charitable Gaming, the organization must meet specified criteria as set by the Alcohol and Gaming Commission of Ontario. Please complete the following questionnaire to be reviewed by a Licensing Administrator.

Registered Name of Organization: _____
Operating Name (if different): _____
Address: _____
Mailing Address (if different): _____
Telephone Number: _____
Email Address: _____
Website: _____

To be eligible for a lottery licence, an applicant must qualify either as an eligible charitable organization or as a non-profit organization with charitable purposes or objects.

1. Is the above organization incorporated as a non-profit organization with the Ministry of Consumer & Business Services (Ontario)?

Yes No

If yes, please provide the registration date and number: _____

2. Is the above organization registered with the Canada Revenue Agency as a charity?

Yes No

If yes, please provide the registration date and number: _____

In order to qualify for a lottery licence, an organization must demonstrate that it exists to provide services in one of four charitable classifications:

3. Which of the following classifications would the above organization best fall under:

Relief of Poverty Advancement of Education
 Advancement of Religion Other

If other, please choose from the following options:

- Art & Culture
- Health & Welfare
- Public Safety Programs
- Amateur Sports
- Enhancement of Youth
- Community Service

If none of the above apply, please explain what services the above organization provides:

4. Please list and describe specific programs and services delivered by the above organization and associated cost. Please be as specific as possible.

Program/Service	Cost

5. Does the above charity benefit the residents of Ontario?
 Yes No
6. Does the above charity benefit residents outside of Ontario?
 Yes No
7. Does the above charity have a public or private benefit?
 Public Private (i.e. members only)

Organization Information:

1. What is the charity's purpose or objective?

2. Has the above organization ever held a lottery licence in the City of Hamilton?
 Yes No
3. Has the above organization ever had a lottery licence revoked within the Province of Ontario?
 Yes No
4. How long has the above organization been operating as a charity? _____

5. Total number of members in the organization: _____
6. How does an individual become a member and retain membership of the organization?

7. Please describe the above organization's structure (i.e. president/chair, secretary, treasurer):

8. How are the directors of the above organization elected?

9. Date of fiscal year end: _____
10. Does the above organization currently hold a lottery licence in other municipalities?
 Yes No
11. It is a requirement of lottery licence holders to have a lottery trust account. If the above organization currently has an open lottery trust account, please complete the following information:
 Name and Address of Bank: _____

 Account No. _____ Date Opened: _____
- If the above organization does not currently have a lottery trust account but understands that this would be a requirement should they decide to hold a lottery licence in Hamilton, please indicate below:
 Yes No
12. Which type of lottery scheme would the above charity be interested in running?
 Multiple answers are acceptable.
- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Raffle | <input type="checkbox"/> Bazaar |
| <input type="checkbox"/> Nevada (Break Open Ticket) | <input type="checkbox"/> Bingo |
| <input type="checkbox"/> Chase the Ace | <input type="checkbox"/> Other: _____ |

Signature:

I *(print name)* _____ of *(organization)* _____
with signing authority indicate that the above information is true to the best of my ability and I have made all efforts to find accurate information for the purposes of filing for lottery licence eligibility with the City of Hamilton. I understand that false information may prevent the above organization from obtaining a lottery licence in the City of Hamilton now and in the future.

Signature

Date

Enclosures:

Please enclose the following documents with this application:

- Incorporation Papers (Letters Patent) – attach signature page
- Constitution and By-Laws
- Notification of Charitable Registration (Canada Customs and Revenue Agency) if applicable
- Most recent Registered Charity Information Return & Public Information Return as submitted to Canada Customs and Revenue Agency if applicable
- Financial Statement for previous fiscal year
- Detailed outline of all programs and services provided in the last 12 months and costs associated
- Current operating budget (i.e. admin costs, staffing, utilities, rental fees, etc.)
- Current list of Board of Directors
- Proposed use of proceeds
- A clause stating that the organization's members will not derive any gain from the organization, and that any profits will be used solely to promote the organization's objectives
- A general dissolution clause that addresses the winding up of the organization
- A further clause (which may be contained in the bylaws) that, if the organization should dissolve, provides for the distribution of the organization's assets and property held or acquired from the proceeds of licensed lottery events (that is, lottery trust accounts or property purchased with lottery proceeds) to charitable organizations that are eligible to receive lottery proceeds in Ontario
- Any other information that would assist the Administrator in determining charitable cause.



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Incorporation Documents Signature Page

We, the undersigned, are current signing directors of (organization) _____ and certify that the incorporating documents included in this package are current in still in effect as of the signing date below.

Officer One

Signature: _____
Print Name: _____
Date: _____

Officer Two

Signature: _____
Print Name: _____
Date: _____

Officer Three

Signature: _____
Print Name: _____
Date: _____



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Designated Members in Charge

All designated members in charge must be bona fide members of the organization and are required to complete this form.

We, as active, bona fide members of *(organization)* _____ hereby certify that as the designated members in charge of the lottery for which this application is made, we will be responsible for the management and conduct of the lottery in accordance with the terms and conditions under which the lottery licence is issued. We, as bona fide members, have signing authority, hold a senior position with the organization and will be present at each lottery event.

Please print the following information legibly. If there are more than 5 active bona fide members, kindly photocopy the back sheet as many times as required.

Member in Charge 1

Full Legal Name	
Title	
Home address	Street Address: _____ City and Province: _____ PC: _____
Phone Number	Home: _____ Other: _____
Signature	
Date	
Witness Signature	

Member in Charge 2

Full Legal Name	
Title	
Home address	Street Address: _____ City and Province: _____ PC: _____
Phone Number	Home: _____ Other: _____
Signature	
Date	
Witness Signature	

Member in Charge 3

Full Legal Name	
Title	
Home address	Street Address: _____ City and Province: _____ PC: _____
Phone Number	Home: _____ Other: _____
Signature	
Date	
Witness Signature	

Member in Charge 4

Full Legal Name	
Title	
Home address	Street Address: _____ City and Province: _____ PC: _____
Phone Number	Home: _____ Other: _____
Signature	
Date	
Witness Signature	

Member in Charge 5

Full Legal Name	
Title	
Home address	Street Address: _____ City and Province: _____ PC: _____
Phone Number	Home: _____ Other: _____
Signature	
Date	
Witness Signature	