



LOTTERY LICENCE NEW ORGANIZATION INFORMATION

ORGANIZATION DETAILS			
ORGANIZATION NAME:			
ADDRESS (street, city, postal code):			
ORGANIZATION PHONE # (if applicable):		ORGANIZATION EMAIL ADDRESS (if applicable):	
INCORPORATION OR REGISTERED CHARITY #:		ORGANIZATION IN EXISTENCE SINCE:	
NUMBER OF BONA FIDE MEMBERS:		ORGANIZATIONS YEAR END DATE (dd/mm/yy):	
BANK ACCOUNT #:		BRANCH #:	
CATEGORY THAT BEST DESCRIBES THE ORGANIZATION (check one):	<input type="checkbox"/> Arts & Culture <input type="checkbox"/> Sports (18 and under) <input type="checkbox"/> Education <input type="checkbox"/> Community Support <input type="checkbox"/> Health & Welfare <input type="checkbox"/> Service Club <input type="checkbox"/> Religious <input type="checkbox"/> Relief of Poverty		

KEY CONTACT DETAILS:			
(2 CONTACTS REQUIRED – 1 TO BE TREASURER)			
NAME (First):		NAME (Last):	
ADDRESS (street, city, postal code):			
ROLE:		PHONE #:	
EMAIL ADDRESS:			
NAME (First):		NAME (Last):	
ADDRESS (street, city, postal code):			
ROLE:		PHONE #:	
EMAIL ADDRESS:			

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY. ALL INFORMATION IS REQUIRED. INCOMPLETE FORMS (OR THOSE LACKING IN DETAIL) WILL BE REJECTED AND LICENCES WILL NOT BE ISSUED.



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MEMBERSHIP REQUIREMENTS:

ORGANIZATION AIMS AND OBJECTIVES:

DETAILED DESCRIPTION OF ACTIVITIES:

Eligible organizations must have provided charitable community services with goals and activities that are consistent with the mandate of the organization for at least one year in Petrolia. Attach additional pages if required.

PROPOSED USE OF LOTTERY PROCEEDS:

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

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SUPPORTING DOCUMENTATION CHECKLIST:

- Copy of Constitution and/or By-Laws, signed and dated
- Copy of Letters Patent (if applicable)
- Copy of current year budget
- Copy of previous year budget
- List of Board of Directors (showing name, position in the organization, address, phone number and email address).
- Membership list (if applicable)
- Copy of latest report to Public Guardian and Trustee (if applicable)
- Copy of Charitable Registration Number (if applicable)
- Copy of Notification of Registration with the CRA.
- Copy of Annual General Meeting Minutes
- \$200 Eligibility Review Fee Payment

PRINCIPAL OFFICERS OF RECORD:

(2 CONTACTS PLEASE)

We as principal officers of this organization declare:

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

NAME (First):		NAME (Last):	
ROLE:		DATE (dd/mm/yy):	
SIGNATURE:			

NAME (First):		NAME (Last):	
ROLE:		DATE (dd/mm/yy):	
SIGNATURE:			

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