



Lottery License Organization Information

This form may only be completed and submitted once the organization has confirmed eligibility with the Municipality of Central Huron.

Name of the Organization: _____

Address: _____

Type of lottery the organization intends to apply for in Central Huron:

Bingo Break Open Ticket Raffle Bazaar

Is the organization incorporated as a non-profit organization in Ontario?

No Yes Incorporation Number: _____

Is the organization registered with the Canada Revenue Agency as a charitable organization?

No Yes Registration Number: _____

How many persons comprise the bona fide membership? _____

Bona fide is defined as: an active member of the eligible organization in good standing, who has activities within the organization beyond conducting lottery events. "Members of convenience" whose only activity is to assist at lottery events are not considered to be bona fide members.

Describe the requirements that a person must meet in order to become a bona fide member of the organization:

Describe the organization's aims and objectives:

What specific purpose(s) will your lottery proceeds be used for:

Is the organization currently licensed, or ever been licensed, in any other municipality? If so, specify which type of lottery.

No Yes – which municipality/municipalities: _____

Has your organization ever had a lottery license revoked or refused?

No Yes – where? _____

Please provide your Lottery Trust Account information:

All financial activity pertaining to lotteries **must** be conducted in a lottery trust account. This account must be used solely for lottery activity and cannot be used for other purposes. An organization may use one account for all lottery activity or have separate accounts for each type of lottery held.

Name of Financial Institution: _____

Address of Financial Institution: _____

Account Number: _____

The organization's financial year-end date: _____

The designated member of the organization who will be responsible for keeping and maintaining records of all financial transactions pertaining to licensed lottery activities (i.e. Treasurer):

Name: _____ Contact Phone Number: _____

Email address: _____

The lottery trust account(s) must:

- Be a chequing account
- Require at least two (2) authorizing signatures
- Be held in the name of the licensee (organization), in trust
- Have duplicate deposit slips, with one copy kept for the licensee's records
- Provide monthly statements
- Include either the return of all cheques with the monthly statements or the return of electronically scanned images of the front and back of each cancelled cheque with the monthly statements

More information about lottery trust accounts can be found in Chapter 3 of the AGCO's [Lottery Licensing Policy Manual](#).

The organization confirms that they understand the roles, responsibilities, and rules of the lottery trust account(s) per the Alcohol and Gaming Commission of Ontario.

Provide names of bona fide members who will conduct one or more of the lottery events referred to in this form:

1: _____

2: _____

3: _____

4: _____

5: _____

6: _____

7: _____

8: _____

9: _____

10: _____

We, as two (2) officers of the above organization, agree that all facts stated and information furnished herein are true and correct. It is understood that the organization is responsible to read the required documentation to ensure regulations are being followed and that reports will be submitted to allow the licensing authority to track lottery proceeds:

Name (print): _____

Position/Title: _____

Signature: _____

Date: _____

Please submit completed form to the Central Huron Municipal Office
23 Albert Street, P.O. Box 400 Clinton, ON N0M 1L0

The information collected in this form is pursuant to the Municipal Freedom of Information and Protection of Privacy Act. Please refer Section 5(1) for disclosure information.