



**LOTTERY LICENCE ELIGIBILITY**

**To be completed by organizations applying for a lottery licence  
not previously approved in the Township of South Stormont.**

Organization Name:	Telephone:
Organization Address:	E-mail:
Are you incorporated as a non-profit organization in the Province of Ontario? <input type="checkbox"/> NO <input type="checkbox"/> YES      Registration No. _____	
How long has your organization been in existence and delivering charitable proceeds?	How many persons comprise your membership?

1. Describe your organization's aims and objectives:

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2. Indicate the specific purpose(s) of the lottery proceeds:

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**Please note that your organization will require both a general account and a lottery trust account at the time of application.**

Name of Financial Institution:	Address:
General Account Number:	Lottery Trust Account Number:

When is your financial year-end? \_\_\_\_\_



# Township of SOUTH STORMONT

[www.southstormont.ca](http://www.southstormont.ca)

P.O. Box 84, 2 Mille Roches Rd  
Long Sault, ON K0C 1P0

Who will be the designated member of your organization responsible for keeping and maintaining records of financial transactions pertaining to the licenced lottery activities?

Name:	Address:
Telephone:	

Is your organization currently licenced in any other municipality?  YES  NO

If yes, list other municipalities: \_\_\_\_\_

Have you ever had a licence revoked or refused?  YES  NO

We, the undersigned, declare that all information provided in and with this statement is factual and correct.

\_\_\_\_\_  
Signature of Principal Officer

\_\_\_\_\_  
Signature of Principal Officer

\_\_\_\_\_  
Print Name of Principal Officer

\_\_\_\_\_  
Print Name of Principal Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

<b>Date of Review:</b>	<b>Category (as per AGCO policy):</b>
<b>Documents Provided:</b> <input type="checkbox"/> Incorporation Papers <input type="checkbox"/> Constitution and By-laws <input type="checkbox"/> Current listing of Board of Directors <input type="checkbox"/> Detailed outline of charitable programs/services proved and specific costs incurred in delivery <input type="checkbox"/> Most recent Registered Charity Information Return & Public Information Return (Revenue Canada)	
<input type="checkbox"/> Notification of Charitable Registration (Revenue Canada) <input type="checkbox"/> Financial Statements for previous year (audited, where applicable) <input type="checkbox"/> Details outlining proposed use of lottery proceeds	
<b>Approved Use of Proceeds (specific information, ie. program detail):</b>    	