

CITY OF KITCHENER - Eligibility Application

Am I Eligible to hold a lottery?

Before proceeding to eligibility application you must be able to answer **yes** to the following questions:

1. Does the organization's purpose fall within one of the four classifications of charitable objects?
 - a) Relief of poverty
Examples:
 - Street patrols who work directly with homeless people
 - Food banks or meal programs
 - Shelters for homeless or economically disadvantaged
 - b) Advancement of education
Examples:
 - Schools using funds for non-profit student publications such as newsletters and yearbooks.
 - Schools using funds for extracurricular activities not required by the Board of Education and not part of the core curriculum.
 - c) Advancement of religion
Examples:
 - Churches using proceeds for enhancements of religious programs
 - Churches using proceeds to maintain public places of worship
 - d) Other charitable purposes beneficial to the community not listed above
Examples:
 - Cultural and Arts such as ballet companies, symphonies, theatre groups (Cultural or artistic groups that only provide services to its members are ineligible as this is considered a restricted benefit.
 - Health and Welfare such as substance abuse programs, hospital foundations etc)
 - Enhancement of Youth such as Scout Troops & Big Brothers & Sisters
 - Public Safety Programs such as search and rescue & crime stoppers
 - Community Service Organizations such as Lions club, Rotary club, and Kinsmen
2. Does the organization have a place of business in Ontario?
3. Has the organization been in operation for at least one year and does it have a proven charitable mandate that it has carried out throughout the year?
4. Is the organization established to provide charitable services in Ontario and use proceeds for purposes or objectives that benefit only Ontario Residents?
5. Is the applicant properly organized so that it is separate organizationally, legally and financially from any other organization?

If you answer no to any of the questions above, do not continue with the package and contact Licensing.



Name of Organization: Ex: Food Shop

Street/P.O. Box: #xx Street name or P.O. Box #xx

City/Town/Village: _____

Postal Code: _____

Business Telephone: _____

General E-mail Address: the contact email address for organization

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

No Yes If yes include corporation
number: _____

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

No Yes If yes include registration number: _____

How long has the organization been in existence? _____ Must be a minimum of 1 year

Date of fiscal year-end _____

Name of Financial Institution: _____

Address of Financial Institution: _____

Lottery Account#: _____

How many persons comprise the organization's bona fide membership? _____

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

Examples:

Membership criteria – application

Criteria should be set out in the constituting documents for the organization.

Describe the organization's aims and objectives:

Examples:

The "Organization Name" objectives are:

- 1) To provide street patrols who work directly with homeless people;*
- 2) To provide shelter for homeless or economically disadvantaged;*
- 3) To advance health and welfare and provides programs and services that confer a significant public benefit*

Note: As part of the aims and objectives, you must demonstrate :

- a) one of its primary purposes is to assist those who are in financial need;*
- b) Operates on a not-for-profit basis with charitable objectives*

How do you intend to use the proceeds from the

lottery? Details including vendors if possible.

- 1) Meal programs;*
- 2) Supplies, clothing*
- 3) temporary shelters*
- 4) Family counseling and health education*

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

(Name)

(Business Address)

Telephone # Business

Names of bona fide members who will conduct one or more of the lottery events referred to in this application:

- | | |
|----------|----------|
| 1 _____ | 2 _____ |
| 3 _____ | 4 _____ |
| 5 _____ | 6 _____ |
| 7 _____ | 8 _____ |
| 9 _____ | 10 _____ |
| 11 _____ | 12 _____ |

Is the Applicant currently licensed, or ever been licensed, in any other municipality to conduct a lottery event?

Yes No

If yes, list other municipalities: _____

Has the Applicant ever had a licensed revoked or refused?

Yes No

If yes, where? _____

APPLICATION FOR LICENSING ELIGIBILITY

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

*** Please refer to the Municipal Freedom of information and Protection of Privacy Act section 8.8.(1) for disclosure information.*

Print name of Principal Officer

Print name of Principal Officer

Signature of Principal Officer

Signature of Principal Officer

Title

Title

Date

Date

E-mail

E-mail

ADDITIONAL REQUIRED DOCUMENTATION

When an organization applies for a lottery licence, the following documents and/or information are required in order for eligibility to be reviewed:

- Incorporation Papers (Letters Patent)/Constitution and By-Laws (see example)
- Notification of Charitable Registration (Canada Customs and Revenue Agency) (if applicable)
- The 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 (audited, where applicable)
- Detailed outline of all programs/services provided in the previous year and specific costs incurred in delivery
- Detailed outline of all programs/service currently provided and specific costs incurred in delivery
- The current operating budget
- Current Listing of the Board of Directors
- Any other information that will assist in determining the charitable nature of the objects and purposes. This could include an annual report, correspondence relating to its charitable number for income-tax purposes, and confirmation that it meets the reporting requirements of the Charities Accounting Act
- The proposed use of proceeds, which must be consistent with the primary objects and purposes of the organization and of a charitable nature consistent with at least one of the four classifications of charitable purposes.

EXAMPLES OF REQUIRED DOCUMENTATION

Letters patent layout the structure of your organization and contain information such as:

- your nonprofit's name
- its purpose
- the location of its head office
- the names of its founding directors.

Changes to the name, purpose, or location of head office are contained in supplementary **letters patent**.

For delivery this form
 should be sent to the
 Director of
 Consumer and
 Commercial
 Relations
LETTERS PATENT
 This application contains the charter
 of the corporation which is issued by
 these Letters Patent upon the

wherever the
 is Commissioner
 of the Commerce
LETTRES PATENTE
 La présente requête forme la charte de la
 corporation qui est émise par
 ces lettres patentes sur

Ontario Corporation Number
Numéro de l'association en Ontario

979216

Trade
 Code
 A
 28

Line
 No.
 0
 28

Sec.
 0
 28

Corp.
 Form
 B
 28

Method
 Record
 Y
 28

Share
 Reg'd
 N
 28

Notice
 Reg'd
 Y
 28

Jurisdiction
 ONTARIO
 28

MAY 29 1992
 Le 29 mai 1992
 Le Ministre de la
 Consommation et du Commerce

Director/Dirigeant
 [Signature]

APPLICATION FOR INCORPORATION OF A CORPORATION WITHOUT SHARE CAPITAL
 REQUÊTE EN CONSTITUTION D'UNE ASSOCIATION

Form 2
 Corporations
 Act
 Formule
 numéro 2
 Loi sur les
 corporations
 d'association

1. The name of the corporation is/Nom de l'association:

NAME OF ORGANIZATION
2. The address of the head office of the corporation is/Adresse du siège social:

ADDRESS
 WATERLOO, ONTARIO
 N 2 L 5 J 4
3. The head office of the corporation is situated in/Le siège social se trouve à:

CITY OF WATERLOO in the REGIONAL MUNICIPALITY OF WATERLOO
 dans le
4. Address of clubhouse or similar premises (if any) is.
 Adresse du local de l'association ou autre endroit utilisé aux mêmes fins, s'il y a lieu:

THE CORPORATION SHALL NOT MAINTAIN A CLUBHOUSE OR SIMILAR PREMISES.
5. The applicants who are to be the first directors of the corporation are:
 Requérants appelés à devenir les premiers administrateurs de l'association:

Name in full, including all first, middle names Nom et prénom(s) de complet	Residence address, giving Street & No. or R.R. No. & Municipality, or Post Office and Postal Code. Adresse personnelle y compris la rue et le numéro ou la R.P. et le numéro, le nom de la municipalité ou du bureau de poste et le code postal
Full Names of First Directors of Corporation	Addresses of these First Directors.

07 009 00000

By-Laws contain similar information as Letters Patent but also establishes the rules to protect the rights, and specify the duties and responsibilities of the members, Board of Directors, Executive committee, and others.

By-laws include information such as:

- Organization's name
- Purpose of the organization
- The location
- Lists the Board of Directors and officers
- How the Board of Directors and/or officers are elected
- How meetings are conducted (where, how often, # of directors required to vote)
- The types and duties of officers
- Members voting rights
- Use of proceeds

Organization Name Constitution (By-laws)

ARTICLE I / GENERAL

ARTICLE II / MEMBERSHIP

ARTICLE III / MEETINGS OF MEMBERS

ARTICLE IV / GOVERNANCE

ARTICLE V / OFFICERS

ARTICLE VI / COMMITTEES

ARTICLE VII / FINANCE AND MANAGEMENT

ARTICLE VIII / AMENDMENT OF BY-LAWS

ARTICLE IX / NOTICE

ARTICLE XI / INDEMNIFICATION

ARTICLE XII / ADOPTION OF THESE BY-LAWS

ARTICLE I / GENERAL

Registered Charities: Information and forms related to charities can be found on the Canadian Revenue Agency's website at: <https://www.canada.ca/en/revenue-agency.html>

Financial Statement for Previous fiscal year: Whether your organization uses an accountant, bookkeeper or staff to complete their year-end reports, the report basically summarizes all the expenses and revenues generated for your fiscal year.

- If your organization generates more than \$250,000 in gross annual revenues, the annual financial statement must be prepared and audited by a public accountant.
- Organizations that generate less than \$250,000 in gross annual revenues must prepare annual statements verified by the two signing officers of the lottery trust account(s) and the organization's Board of Directors.
- A basic example of an annual financial report is shown below, along with forms for annual lottery reports for Bingo, Raffle, Bazaar and Nevada. These forms are available on the AGCO website or you can call our Licensing office and we would be happy to provide them to you.

EXAMPLE - Basic Annual Report format:

Non Profit Organization Sample

Income, expenses and balance of cumulative funds

for the year ended December 31,

	<u>2010</u>	<u>2009</u>
Income		
Members contributions	858,325	838,728
Special contributions	170,977	167,597
Financial aid	187,621	392,367
Joint committee	5,900	6,100
AGA partnership	25,757	20,942
Others	11,065	35,210
	<u>1,259,645</u>	<u>1,460,944</u>
Expenses		
PAU contribution	127,131	119,019
General administration	261,028	359,907
Union administration	82,000	80,981
Technical services	589,155	571,518
Others expenses	46,950	76,701
Promotion	4,838	8,472
Projects	229,071	383,674
	<u>1,340,173</u>	<u>1,600,272</u>
Net loss	(80,528)	(139,328)
Net assets - beginning	190,347	329,675
Net assets - ending	<u>109,819</u>	<u>190,347</u>

EXAMPLE - Bingo Year-End Report form:



Licensing Office
 City of Kitchener
 200 King Street West
 P.O. Box 1118
 Kitchener ON N2G 4G7
 Tel: (519) 741-2275

**YEAR END REPORT
 BINGO FUNDS**

This form must be completed within 180 days of your Fiscal Year. When submitting this report, you must include photocopies of Bank Statements, Cancelled Cheques and Receipts for Charitable Donations/Expenses **

LICENCEE INFORMATION	
Charity Name:	Year End Period to

FINANCIAL INFORMATION		
Bank Balance at Beginning of Fiscal Year		\$
Income		
Receipts from Bingo Events	\$	
Interest Earned from Lottery Trust Account	\$	
Other (please explain)	\$	
Total Income		\$
Expenses / Donations		
Prizes awarded that were purchased	\$	
Licence Fees for Events Held	\$	
Printing of Tickets	\$	
Advertising	\$	
Sales Commission (max 5% of price of each ticket sold)	\$	
Donations made (attach an itemized listing)	\$	
Other (attach an itemized listing)	\$	
Bank Service Charges	\$	
Total Expenses / Donations		\$
Bank Balance at End of Fiscal Year		\$

DECLARATION		
We, the undersigned, declare that:		
<ul style="list-style-type: none"> ➤ We are bona fide members of the Licensee; ➤ We have been authorized to file this report on behalf of the Licensee; and ➤ All answers provided in this report, as well as all information contained in the documents and materials submitted with it, are true and complete. 		
Principal Officer		Principal Officer
	Signature	
	Print Name	
	Title	
	Date	
	Telephone Number	
	Facsimile Number	
	E-mail Address	

EXAMPLE - Raffle Year-End Report form:



Licensing Office
 City of Kitchener
 200 King Street West
 P.O. Box 1118
 Kitchener ON N2G 4G7
 Tel: (519) 741-2275

YEAR END REPORT

This form must be completed within 180 days of your Fiscal Year.

LICENCEE INFORMATION		
Charity / Non-Profit Name:	Year End Period to	
FINANCIAL INFORMATION		
Bank Balance at Beginning of Fiscal Year	\$	
Income		
Receipts from Bingo/Bazaar/Raffles/Nevada	\$	
Interest Earned from Lottery Trust Account	\$	
Other (please explain)	\$	
Total Income	\$	
Expenses / Donations		
Prizes awarded that were purchased (if applicable)	\$	
Licence Fees	\$	
Printing of Tickets (if applicable)	\$	
Advertising	\$	
Sales Commission if Nevada (max 5% of price of each ticket sold)	\$	
Donations made (attach an itemized listing)	\$	
Other (attach an itemized listing)	\$	
Bank Service Charges	\$	
Total Expenses / Donations	\$	
Bank Balance at End of Fiscal Year	\$	
DECLARATION		
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Principal Officer		Principal Officer
	Signature	
	Print Name	
	Title	
	Date	
	Telephone Number	
	Facsimile Number	
	E-mail Address	

EXAMPLE - Bazaar Year-End Report form:



Licensing Office
 City of Kitchener
 200 King Street West
 P.O. Box 1118
 Kitchener ON N2G 4G7
 Tel: (519) 741-2275

**YEAR END REPORT
 BAZAAR FUNDS**

This form must be completed within 180 days of your Fiscal Year. When submitting this report, you must include photocopies of Bank Statements, Cancelled Cheques and Receipts for Charitable Donations/Expenses **

LICENCEE INFORMATION	
Charity Name:	Year End Period to

FINANCIAL INFORMATION		
Bank Balance at Beginning of Fiscal Year		\$
Income		
Receipts from Bazaar	\$	
Interest Earned from Lottery Trust Account	\$	
Other (please explain)	\$	
Total Income		\$
Expenses / Donations		
Prizes awarded that were purchased	\$	
Licence Fees for Events Held	\$	
Printing of Tickets	\$	
Advertising	\$	
Sales Commission (max 5% of price of each	\$	
Donations made (attach an itemized listing)	\$	
Other (attach an itemized listing)	\$	
Bank Service Charges	\$	
Total Expenses / Donations		\$
Bank Balance at End of Fiscal Year		\$

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Principal Officer		Principal Officer
	Signature	
	Print Name	
	Title	
	Date	
	Telephone Number	
	Facsimile Number	
	E-mail Address	

EXAMPLE - Nevada (Break-Open Ticket) Year-End Report form:



Licensing Office
 City of Kitchener
 200 King Street West
 P.O. Box 1118
 Kitchener ON N2G 4G7
 Tel: (519) 741-2275

**YEAR END REPORT
 NEVADA FUNDS**

This form must be completed within 180 days of your Fiscal Year. When submitting this report, you must include photocopies of Bank Statements, Cancelled Cheques and Receipts for Charitable Donations/Expenses **

LICENCEE INFORMATION	
Charity Name:	Year End Period to

FINANCIAL INFORMATION		
Bank Balance at Beginning of Fiscal Year		\$
Income		
Receipts from Third Party / Own Location	\$	
Interest Earned from Lottery Trust Account	\$	
Other (please explain)	\$	
Total Income		\$
Expenses / Donations		
Prizes Awarded	\$	
Licence Fees	\$	
Provincial Administration Fee (AGCO)	\$	
Ticket Expenses	\$	
Commission – Site / 3rd Party	\$	
Commission – Ticket Consultant	\$	
Donations Made (attach an itemized listing)	\$	
Other (attach an itemized listing)	\$	
Bank Service Charges	\$	
Total Expenses / Donations		\$
Bank Balance at End of Fiscal Year		\$

DECLARATION		
We, the undersigned, declare that: We are bona fide members of the Licensee; have been authorized to file this report on behalf of the Licensee and all answers provided in this report, as well as all information contained in the documents and materials submitted with it, are true and complete.		
Principal Officer		Principal Officer
	Signature	
	Print Name	
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	Facsimile Number	
	E-mail Address	