



**By-law & Regulatory Services
Application for Lottery License**

This application must be submitted in conjunction with [Form 6002B -Application to Manage and Conduct a Bingo Lottery](#) from the Alcohol and Gaming Commission of Ontario.

Sports organizations must attach a complete roster of all registered players including addresses, telephone numbers and dates of birth.

Please print

Type of License				
<input type="checkbox"/> Bingo	<input type="checkbox"/> Raffle	<input type="checkbox"/> Break Open	<input type="checkbox"/> Bazaar	<input type="checkbox"/> Joint

Name of Organization

How long has this organization been in existence?

What is the charitable purpose/mandate of this organization?

Is the organization based within the boundaries of the City of Ottawa?	<input type="radio"/> Yes	<input type="radio"/> No
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Municipal Address (P. O. Box addresses are not acceptable.)

Is the organization incorporated, as a non-profit organization with the Office of the Public Guardian and Trustee?
<input type="radio"/> Yes Registration Number _____ Date (DD/MM/YYYY) _____ <input type="radio"/> No



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Is this organization registered with Revenue Canada?	
<input type="radio"/> Yes	Registration Number _____ Date (DD/MM/YYYY) _____
<input type="radio"/> No	

Is this organization organized so that it is separate from any other organization? (e.g. legally, financially and organizationally)	
<input type="radio"/> Yes	If "No", provide details:
<input type="radio"/> No	

Does this Organization have a specific or identifiable financial need?	
<input type="radio"/> Yes	If "Yes", provide details:
<input type="radio"/> No	

What period does your fiscal year cover?

How many members does the Organization have?

Has the organization been previously licensed for lottery events?	
<input type="radio"/> Yes	If "Yes", provide details of the most recent licence: _____ Municipality: _____ Type: _____ Date of Event (DD/MM/YYYY) _____
<input type="radio"/> No	



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List all lottery events this Organization is currently licensed for in Ontario (if any)

Municipality	Type of Event	License No

This form has been completed by:

Name	
Title	
Address	
Telephone (Res)	Telephone (Work or Mobile)
Signature	Date (DD/MM/YYYY)