



**Licensing Office, First Floor, City Hall**  
**545 Talbot Street, St. Thomas, ON N5P 3V7**

# **APPLYING FOR A LOTTERY LICENSE**

## **Process for First Time Applicants Only**

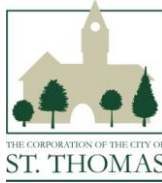
Organizations not previously licensed by the City of St. Thomas for the conduct of lottery events **MUST** provide the following information prior to licenses being issued:

- Complete the attached four forms; Aims & Purposes, Board Members, Proposed Budget and Banking Information Form;
- Include details outlining the proposed use of lottery funds;
- Include a copy of the organization's letters of incorporation or constitution and or by-laws;
- Include a copy of the current operating budget and/or the previous years financial statement;
- Include any other information that will assist in determining the charitable nature of its objects and purposes. This could include an annual report or the charitable number for income-tax purposes.

Once the above noted information has been received, the City will conduct an eligibility review to determine if the organization is eligible for lottery licensing based on the Alcohol & Gaming Commission of Ontario guidelines. The eligibility review process takes approximately one week to complete.

Should you have any questions about this process, please contact James Blackmore @ 519-631-1680, extension 4105 or email: [jblackmore@stthomas.ca](mailto:jblackmore@stthomas.ca)

Treasury Department  
Licensing Section



Phone: 519-631-1680  
Fax: 519-633-9019  
www.stthomas.ca

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## LOTTERY LICENSE INFORMATION - AIMS AND PURPOSES

Date: \_\_\_\_\_

<b>NAME OF ORGANIZATION:</b>	_____
<b>ADDRESS:</b>	_____
<b>CITY / POSTAL CODE:</b>	_____ / _____
<b>TYPE OF LOTTERY EVENT:</b>	_____

(If more space is required, please attach a separate page)

1. What are the Aims & Purposes of your organization with respect to the funds raised from Lottery Events?

2. When was your organization formed? Below give the Mission Statement, Constitution and/or By-laws of your organization. (Attach each if available)

Formed: \_\_\_\_\_

3. How many people/members/pupils will benefit from the money raised through lottery events?

Submitted by: \_\_\_\_\_  
(Name - Please Print)

Signed: \_\_\_\_\_

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## LOTTERY LICENSE INFORMATION - BANKING INFORMATION & CONSENT FORM

Date: \_\_\_\_\_

<b>NAME OF ORGANIZATION:</b> _____
<b>ADDRESS:</b> _____
<b>CITY / POSTAL CODE:</b> _____ / _____
<b>TYPE OF LOTTERY EVENT:</b> _____

I/We \_\_\_\_\_ members of \_\_\_\_\_

having applied for a lottery license from the City of St. Thomas, fully understand that it might be necessary for the Licensing Officer, or designate, to inspect our lottery bank account in order to complete a lottery license audit or any other type of investigation.

We therefore herby authorize the Licensing Officer, or designate, to have access to the lottery bank account number listed below for the viewing of information only. Said information can be the present balance, any or all cheques written on the account and any other information which might be required.

<b>ACCOUNT NUMBER:</b> _____
<b>BANK NAME:</b> _____
<b>BANK ADDRESS:</b> _____

**Signatures must be those members who have signing authority.**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Board Position: \_\_\_\_\_

Board Position: \_\_\_\_\_

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_



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## LOTTERY LICENSE INFORMATION - PROPOSED BUDGET

Date: \_\_\_\_\_

<b>NAME OF ORGANIZATION:</b>	_____
<b>ADDRESS:</b>	_____
<b>CITY / POSTAL CODE:</b>	_____ / _____
<b>TYPE OF LOTTERY EVENT:</b>	_____

Please give a full budget outline of the intended uses of monies raised by means of lottery events. Complete all sections of the budget outline below. **All budgeted items must fall within the mandate of your organization.** If necessary, attach an additional page using the same format.

**Budget Year:** \_\_\_\_\_

Full Description of Intended Expenditures	Reason Funds are Required	Proposed Amount of Expenditures to be paid for with Lottery Funds
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>TOTAL PROPOSED BUDGET EXPENDITURES:</b>		<b>\$ _____</b>

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Board Position: \_\_\_\_\_

Board Position: \_\_\_\_\_

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_