

# Lottery License Eligibility Application

Lottery Licensing Regulations

<b>For Office Use Only</b>		Application No. _____									
This Lottery License Eligibility Application is used to determine whether an organization is eligible to receive a lottery license which would permit them to conduct a charitable lottery event in Newfoundland and Labrador. Organizations will be required to apply for a charitable lottery license when eligibility has been confirmed.											
<b>Part 1: Applicant Information</b>											
<b>Legal Name of Organization:</b>											
Organization Type: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Association <input type="checkbox"/></td> <td style="width: 50%;">Community Group <input type="checkbox"/></td> </tr> <tr> <td>Registered Not-For-Profit <input type="checkbox"/></td> <td>Educational Institution <input type="checkbox"/></td> </tr> <tr> <td>Religious Organization <input type="checkbox"/></td> <td>Registered Charity <input type="checkbox"/></td> </tr> <tr> <td>Share Capital Corporation <input type="checkbox"/></td> <td></td> </tr> </table>				Association <input type="checkbox"/>	Community Group <input type="checkbox"/>	Registered Not-For-Profit <input type="checkbox"/>	Educational Institution <input type="checkbox"/>	Religious Organization <input type="checkbox"/>	Registered Charity <input type="checkbox"/>	Share Capital Corporation <input type="checkbox"/>	
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Share Capital Corporation <input type="checkbox"/>											
<b>Part 2: Contact Information</b>											
Contact Name:											
Phone Number:											
E-mail:											
<b>Part 3: Mailing Addresses</b>											
<b>Business Address</b>		<b>Physical Address</b>									
Address:		Address:									
City or Town:		City or Town:									
Province:		Province:									
Postal Code:		Postal Code:									
<b>Part 4: Eligibility Questionnaire</b>											
<b>Please answer the following questions:</b>			<b>YES   NO</b>								
1. Does the applicant organization have charitable or religious objects or purposes that fall within at least one of the following categories listed below (check all that apply) <b>The application package should include documented verification for each checked box:</b>											
Promotion of the relief of poverty			<input type="checkbox"/> <input type="checkbox"/>								
Promotion of the advancement of education			<input type="checkbox"/> <input type="checkbox"/>								
Promotion of the advancement of religion			<input type="checkbox"/> <input type="checkbox"/>								
If the applicant organization's objects and purposes are for other charitable purposes beneficial to the community, identify the category here:											
Amateur sport and recreation			<input type="checkbox"/> <input type="checkbox"/>								
The promotion, advancement and preservation of the arts, culture and heritage			<input type="checkbox"/> <input type="checkbox"/>								
Youth and seniors activities			<input type="checkbox"/> <input type="checkbox"/>								
The enhancement of health and welfare and public safety			<input type="checkbox"/> <input type="checkbox"/>								

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2. Has the applicant organization been carrying out its charitable or religious mandate for at least one year? <b>Please include verification as part of application package.</b>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the applicant organization established to provide charitable or religious services in Newfoundland and Labrador? <b>Please include verification as part of application package.</b>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the applicant organization have financial statements for the preceding year? <b>If yes, please include a copy in the application package.</b>	<input type="checkbox"/>	<input type="checkbox"/>

### Part 5: Required Documentation

The following documents are required to be submitted with this application:

- |  |  |
|--|--|
| <input type="checkbox"/> Detailed outline of all charitable programs/services currently provided | <input type="checkbox"/> Minutes from most recent Annual General Meeting (AGM) (if applicable)   |
| <input type="checkbox"/> Signature of principals   | <input type="checkbox"/> Notification of Charitable Registration (Canada Customs and Revenue Agency) (if applicable)   |
| <input type="checkbox"/> Articles of Incorporation and most recent annual return (if applicable) | <input type="checkbox"/> Any other information that will assist in determining the charitable nature of the objects and purposes of the organization (e.g., Annual Report, Sport NL Sport Certification, Recreation Certification) |
| <input type="checkbox"/> Constitution and by-laws (if applicable)                                |  |
| <input type="checkbox"/> Current listing of the Board of Directors (if applicable)               |  |
| <input type="checkbox"/> Most recent financial statements (if applicable)                        |  |

### Part 6: Applicant Declaration and Signature

I certify that all the information I am providing in this application is true, correct and complete to the best of my knowledge.

Printed Name:

Position:

Signature:

Date:

### Submission Details

This application must be signed by a principal officer of your organization (i.e. president, vice president, treasurer)

Completed applications can be submitted to the Consumer and Financial Services Division

Email: Lotterylicence@gov.nl.ca

Location: MRD Building, 149 Smallwood Drive, Mount Pearl

Mail: P.O. Box 8700, St. John's, NL A1B 4J6

Fax: 709-729-6998

Phone: 709-729-2600

Toll Free: 1-800-968-2600

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