

Organization Information

| | | | |
|---|-------------|--------------------------------|-------------------|
| Organization Registered Name | | Operating Name (if applicable) | |
| Organization Address and Contact Information | | | |
| Street Number | Street Name | | Suite/Unit Number |
| City/Town | | Province | Postal Code |
| Mailing Address if Different from above | | | |
| Street Number | Street Name | | Suite/Unit Number |
| City/Town | | Province | Postal Code |
| Organization Telephone Number | | Organization Email | |
| Number of Members (if applicable) | | Fiscal Year End Date | |

Contact Person Information

| | |
|------------------------------|------------------------|
| Contact Person (First, Last) | Position Title |
| Business Telephone Number | Business Mobile Number |
| Business Email Address | |

Registration Status

| | |
|---|--|
| Is your organization registered as a charity? If yes, Charitable Registration No. & Date: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your organization have Letters Patent? If yes, Letters Patent No. & Date: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has your organization's status as a registered charity or non-profit been revoked in the last two years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has your organization amalgamated with another organization within the last two years? If yes, provide amalgamation agreement or contract. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PLEASE NOTE: You will be required to open a separate cGaming Business Bank Account if found eligible. | |
| Signature | Date (yyyy-mm-dd) |

cGaming Eligibility Review Form

Principal Officers of Record

Definition:

- **Principal Officer** is a person who has ultimate responsibility for implementing the decisions of the organization's governing body, or for supervising the management, administration or operation of the organization. They must be signing officers.

MANDATORY: We as Principal Officers of the Organization:

- Have read over the form, we have signing authority and decision making capability for the organization as per our position and role within the organization
- All information provided on this form is true and correct
- If the organization is granted approval for a CGaming Permit, we undertake to comply with all the [Policies and Standards for Charities](#) of any such permit issued

| | | | |
|--------------------------------------|------------------------|------------------------|-------------------|
| Principal Officer Name (First, Last) | | Position Title | |
| Street Number | Street Name | | Unit Number |
| City/Town | Province | Postal Code | |
| Business Telephone Number | Business Mobile Number | Business Email Address | |
| Signature | | | Date (yyyy-mm-dd) |

| | | | |
|--------------------------------------|------------------------|------------------------|-------------------|
| Principal Officer Name (First, Last) | | Position Title | |
| Street Number | Street Name | | Unit Number |
| City/Town | Province | Postal Code | |
| Business Telephone Number | Business Mobile Number | Business Email Address | |
| Signature | | | Date (yyyy-mm-dd) |

| | | | |
|--------------------------------------|------------------------|------------------------|-------------------|
| Principal Officer Name (First, Last) | | Position Title | |
| Street Number | Street Name | | Unit Number |
| City/Town | Province | Postal Code | |
| Business Telephone Number | Business Mobile Number | Business Email Address | |
| Signature | | | Date (yyyy-mm-dd) |

cGaming Eligibility Review Form

Proposed Use of Proceeds

In accordance with your organization's **Letters Patent** (or **Supplementary Letters Patent**) in which your organization is incorporated, and consistent with your **By-Laws and Constitution**, please state the ongoing programs and services for which the organization proposes to use the cGaming funds. You may use a separate sheet if required:

PROPOSED USE OF GAMING FUNDS (Please be specific as possible, i.e. Equipment, rental fees, facilitator fees, lifeguards, ice rentals). To determine eligible use of proceeds, Gaming Services will reference the [cGaming Guidelines: Eligibility and Use of Proceeds](#).

| Name of Program or Service Provided | Expenses related to direct delivery of program | Yearly Cost |
|-------------------------------------|--|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

If found eligible to participate in cGaming, you will be notified in writing within 30 business days of the receipt of your complete application. Incomplete applications will be returned to the organization and will not be processed.

Once deemed eligible, an organization may request to be placed at one of the cGaming Centres listed below. Please rank the organization's preferences by indicating below, from 1 to 4, with 1 being most preferred and 4 being the least preferred. Preference will be taken into consideration based on availability:

Delta Bingo & Gaming - St. Clair

Delta Bingo & Gaming - Downsview

Dolphin Gaming Centre

Rama Gaming - Toronto East

Mail completed application to:

Gaming Services, 850 Coxwell Ave., 3rd Floor, Toronto, Ontario, M4C 5R1

If you have questions regarding your eligibility review, please contact Gaming Services at: (416) 392-7037 or at lotterylicences@toronto.ca.