



**Alcohol and Gaming
Commission of Ontario**
Gaming Registration and Lotteries
90 Sheppard Avenue East, Suite 200
Toronto ON M2N 0A4
Telephone : 416 326-8700
1 800 522-2876 toll free in Ontario
Website: www.agco.on.ca

Application for Registration as a Break Open Ticket Seller and/or Lottery Retailer

WHO MUST COMPLETE THIS APPLICATION?

This application form must be completed by an individual and/or business wishing to sell lottery products on behalf of the Ontario Lottery and Gaming Corporation (OLG) and/or break open tickets on behalf of a lottery licensee.

Applicants wishing to sell lottery products on behalf of the OLG must have a valid OLG Retailer Contract or have applied and been approved to sell lottery products pending registration by the AGCO.

WHAT OTHER FORMS ARE REQUIRED?

An **Application for Registration as a Lottery Retailer Manager** must be completed by each individual employed by a lottery retailer and who acts on behalf of the lottery retailer by:

1. Overseeing or coordinating lottery product sales;
2. Managing compliance issues with respect to the sale of lottery products;
3. Exercising significant decision-making authority with respect to the sale of lottery products by the lottery retailer; or
4. Signing any agreement and/or contract with the Ontario Lottery and Gaming Corporation.

If the applicant does not employ any individuals to perform these duties and is directly responsible for these duties, an **Application for Registration as a Lottery Retailer Manager** is not required, unless requested by the Registrar of Alcohol and Gaming.

RESPONSES

Every question in the application must be answered. **Incomplete or improperly completed forms will be returned.**

ATTACHMENTS

Where the space provided is insufficient for the response, a separate sheet of paper should be used. All attachments requested in this form must be clearly labelled by question number and title, and initialled.

IMPORTANT

Applicants are required to be aware of their responsibilities under the *Gaming Control Act, 1992* and Regulations. Copies of the *Act* and Regulations are available at www.agco.on.ca. Copies of the *Act* can also be obtained from Publications Ontario located at 880 Bay Street in Toronto or by calling 1 800 668-9938.

CHANGE OF INFORMATION

The Registrar is to be advised in writing within **five days** of any change in the information supplied by the applicant.

WARNING

Do not misrepresent or omit any material fact. Each statement made in this application is subject to verification. *It is a serious offence to knowingly provide false information on this application and any attachments.*

The provision of false, incomplete or misleading information, the omission of information in this application or in the documents submitted with this application, or the failure to notify the Alcohol and Gaming Commission of Ontario of any material changes to this information which occur following this application being filed, may result in the refusal, suspension or revocation of registration.

SUBMISSION

The original application and any accompanying forms and/or attachments are to be mailed or delivered to the:

Alcohol and Gaming Commission of Ontario
Gaming Registration & Lotteries
90 Sheppard Avenue East, Suite 200
Toronto, Ontario
M2N 0A4

FOR FURTHER INFORMATION

Please contact the Alcohol and Gaming Commission at: Tel: (416) 326-8700
Or 1 800 522-2876 (toll free in Ontario)
Or visit our website at: www.agco.on.ca

PLEASE KEEP A COPY OF YOUR APPLICATION AND ALL SUBMITTED DOCUMENTS FOR YOUR RECORDS.



**Alcohol and Gaming
Commission of Ontario**
Gaming Registration and Lotteries
90 Sheppard Avenue East, Suite 200
Toronto ON M2N 0A4
Telephone : 416 326-8700
1 800 522-2876 toll free in Ontario
Website: www.agco.on.ca

Application for Registration as a Break Open Ticket Seller and/or Lottery Retailer

FOR OFFICE USE ONLY

1. Application Type *(check the appropriate box)*

New
 Renewal → AGCO File Number: _____
 Change of Ownership → Date ownership changed:

DD	MM	YY

2. Category of Registration *(check the appropriate box)*

Break Open Ticket Seller
 Lottery Retailer
 Break Open Ticket Seller and Lottery Retailer

3. Contact

Provide the following information for the person to be contacted in reference to this application:

Last Name	First Name	Telephone Number () —
Position	E-mail Address	Fax Number () —

4. Applicant Company

a) Identification

Legal Name

b) Business type *(check the appropriate box)*

Corporation
 Partnership
 Sole Proprietorship

c) Does the applicant identify the business to the public under a business or operating name other than the legal name (e.g. store name)?

No
 Yes ► Provide the following information:

Business or Operating Name

d) Has the applicant registered the business or operating name with the Companies and Personal Property Security Branch, Ministry of Government Services?

Not applicable ► Applicant does not operate under a business or operating name.

No Yes ► Provide Business Identification Number:

BIN #

Note: All applicants must comply with the registration requirements of the *Business Corporations Act* and the *Business Names Act*, where applicable. Please contact the Companies and Personal Property Security Branch, Ministry of Government Services at 1 800 361 3223 or www.gov.on.ca for further information.

e) Business address (i.e. where break open tickets and/or lottery products will be sold):

<input type="checkbox"/> BOT	<input type="checkbox"/> Lottery Retailer RL # :	<input type="checkbox"/> BOT & Lottery Retailer RL # :
Street Address		Telephone Number () —
City	Postal Code	Fax Number () —

Note: If the applicant will be selling break open tickets and/or lottery products at more than one location, please provide this information for each location on an attached sheet labelled Question 4(e).

f) Mailing address (if different from above):

Not applicable

Street Address / P.O. Box / Rural Route	
City	Postal Code

g) Provide the following information for each bank, saving and loan association, credit union, caisse populaire or other financial institution where the applicant maintains an account:

Name of Financial Institution	Type(s) of Account
Address	Account Number(s)

Note: Attach a separate sheet labelled Question 4 (g) if necessary.

5. Ontario Lottery and Gaming Corporation (OLG)

a) Has the applicant been authorized to sell lottery products on behalf of the OLG?

No Yes ► Provide OLG RL # :

RL # :

Note: All applicants wishing to sell lottery products must have a valid OLG Retailer Contract or have applied and been approved to sell lottery products pending registration by the AGCO.

b) Has the applicant ever been subject to any disciplinary action or administrative penalties by the OLG in the last four years?

Note: This includes for example selling non activated tickets, NSF etc.

No Yes ► Provide the following information :

Type of disciplinary action or penalty	Date DD MM YY
Reason(s)	

6. Associated Individuals

a) If the applicant is a sole proprietor, please provide the following information:

Not applicable ► Applicant is a partnership or corporation.

Last Name		First Name		Middle Name
Give any other names and aliases you have used or by which you have been known (i.e., birth name, maiden name, nickname):				
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated				
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth DD MM YY		Place of Birth
Social Insurance Number		Driver's Licence Number		Licensing Jurisdiction
Street Address (Residence)				
City				Postal Code
Telephone Number () —		Fax Number () —		E-mail Address

b) If the applicant is a partnership or corporation, provide the following information for the partner or officer and/or director primarily responsible for the sale lottery products:

Not applicable ► Applicant is a sole proprietor.

Last Name		First Name		Middle Name
Title		Give any other names and aliases you have used or by which you have been known (i.e., birth name, maiden name, nickname)		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated				
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth DD MM YY		Place of Birth
Social Insurance Number		Driver's Licence Number		Licensing Jurisdiction
Street Address (Residence)				
City				Postal Code
Telephone Number () —		Fax Number () —		Email Address

- c) Please provide the following information for each individual employed by the applicant and who acts on behalf of the applicant by:
1. Overseeing or coordinating lottery product sales;
 2. Managing compliance issues with respect to the sale of lottery products;
 3. Exercising significant decision-making authority with respect to the sale of lottery products by the lottery retailer; or
 4. Signing any agreement and/or contract with the Ontario Lottery and Gaming Corporation.

Not applicable

LEGAL NAME	TITLE/POSITION

- d) An **Application for Registration as a Lottery Retailer Manager** must be completed for each individual listed under Question 6(c).

QUESTIONS 7 THROUGH 11 PERTAIN TO THE APPLICANT AND THE INDIVIDUAL LISTED IN EITHER QUESTION 6(A) OR 6(B). A BACKGROUND CHECK WILL BE DONE TO VERIFY THE INFORMATION PROVIDED.

7. Permits, Certificates, Licences and Registrations

- a) Is the applicant or individual, or has the applicant or individual ever been, licensed or registered under the **gaming laws** of any other jurisdiction?

No Yes ► Provide the following information:

Name and address of licensing or regulatory body			Permit, certificate, licence or registration no.				
Type of permit, certificate, licence or registration		Period permit, certificate, licence or registration is, or was, valid					
		DD	MM	YY	DD	MM	YY
		From:			To:		

- b) Has the applicant or individual ever been refused a licence or registration or had a licence or registration suspended, revoked or cancelled under the **gaming laws** of any other jurisdiction?

No Yes ► Provide the following information:

Name and address of licensing or regulatory body		
Type of permit, certificate, licence or registration	Action taken (eg. refused, suspended, revoked, or cancelled)	Date
		DD MM YY
Reason(s)		

c) Has the applicant or individual ever been refused a licence or registration or had a licence or registration suspended, revoked or cancelled under any other Act, in any other jurisdiction?

No Yes ► Provide the following information:

Name and address of licensing or regulatory body		
Type of permit, certificate, licence or registration	Action taken (eg. refused, suspended, revoked, or cancelled)	Date DD MM YY
Reason(s)		

d) Has the applicant or individual ever applied for or been issued a liquor licence in Ontario?

No Yes ► Provide the following information:

Establishment	Licence Number
---------------	----------------

8. Civil Proceedings

a) Has a claim successfully been made against the applicant or individual including, but not limited to, any claim based in whole or in part on fraud, deceit, misrepresentation, breach of trust or similar conduct in the past ten years in any jurisdiction?

No Yes ► Provide the following information:

Name and address of Court		Court Number (if known)
Name of other parties to the proceeding	Outcome of the proceeding	Date DD MM YY
Description of Claim		

b) To the best of your knowledge, are there any outstanding claims filed and pending disposition or in the process of being filed against the applicant or individual including, but not limited to, any claim based in whole or in part on fraud, deceit, misrepresentation, breach of trust or similar conduct in any jurisdiction?

No Yes ► Provide the following information:

Name and address of Court		Court Number (if known)
Name of other parties to the proceeding	Outcome of the proceeding	Date DD MM YY
Description of Claim		

9. Charges/Convictions/Findings of Guilt

- a) Has the applicant or individual ever been found guilty or convicted of an offence under any law, including provincial and criminal offences? **Note:** *This includes where a conditional or absolute discharge has been ordered.*

No Yes ► Provide the following information:

Name and address of Court	Court Number (if known)
Police Service	Date DD MM YY
Nature of Offence	

- b) Are there any charges outstanding against the applicant or individual under any law, in any jurisdiction?

No Yes ► Provide the following information:

Name and address of Court	Court Number (if known)
Police Service	Date DD MM YY
Nature of Offence	

10. Bankruptcy and Insolvency Proceedings

Has the applicant or individual ever filed bankruptcy, been petitioned into bankruptcy or made a proposal under any bankruptcy or insolvency law in any jurisdiction?

No Yes ► Provide the following information:

Name and address of Court	Court Number (if known)
Name and address of Trustee	Date petition filed DD MM YY
Disposition or outcome	

11. Garnishment Proceedings

Has the applicant or individual ever been subject to garnishment, attachment or other similar orders in any jurisdiction?

No Yes ► Provide the following information:

Name and address of Court	Court Number (if known)	
Nature of obligation	Amount of obligation	Status

