



# Application for Registration as a Seller

<b>For Office Use Only</b>	W# _____	<b>Notes:</b>
	F# _____	
	R# _____	

You may complete this application online and print the document for submission, or fill it out by hand. Please PRINT clearly in black or blue INK. All questions on the application form must be completed in full, unless otherwise indicated.

Please note that applicants will be asked at the end of this form to declare that they have read over this form and conscientiously believe the information provided to be true. The declaration has the same force and effect as if made under oath.

**1. Type of Application** (check appropriate box or boxes).

For more information, *please see Section 1 in the Registration as a Seller Guide.*

<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Change of Ownership	YYYY	MM	DD
AGCO File No.:			Date ownership changed			

**2. Full Legal Name of Applicant** (name of business entity applying for registration - i.e. the name of the sole proprietor, partnership, corporation, association or organization applying for registration).

For more information, *please see Section 2 in the Registration as a Seller Guide.*

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**3. Contact** (individual to be contacted in reference to this application). For more information, *please see Section 3 in the Registration as a Seller Guide.*

Last Name	First Name	Middle Name(s)
Job Title/Position		
Telephone Number ( ) Ext.	Fax Number ( )	Email

**4. Head Office or Business Address of Applicant** (cannot be a Post Office Box).

For more information, *please see Section 4 in the Registration as a Seller Guide.*

Street No.	Street Name	Street Type	Direction	Suite/Floor/Apt.
Lot/Concession/Rural Route	City/Town/Municipality	Province/State	Country	Postal/Zip Code
Telephone Number ( ) Ext.	Fax Number ( )	Email		

**Incomplete or improperly completed applications may be returned.**

**5. Mailing Address of Applicant** (if different from head office or business address above).

For more information, *please see Section 5 in the Registration as a Seller Guide.*

Street No.	Street Name	Street Type	Direction	Suite/Floor/Apt.
Lot/Concession/Rural Route	City/Town/Municipality	Province/State	Country	Postal/Zip Code

**6. Number of Sites** (a site is a place such as a store, kiosk, gas station, etc., where break open tickets and/or OLG products are to be sold).

Does the applicant intend to sell break open tickets and/or OLG products at more than one (1) site?

- Yes ► Number of Sites \_\_\_\_\_. Photocopy and complete **Question 7 — Site Information** (questions a, b, c) for **each** site.
- No ► Go to Question 7 — **Site Information**.

**7. Site Information**

**(a) Registered Business Name or Operating Name of the Site.**

For more information, *please see Section 7(a) in the Registration as a Seller Guide.*

Note: All applicants must comply with the registration requirements of the *Business Corporations Act* and *Business Names Act*, where applicable. Please contact ServiceOntario at 1 800 361-3223 or online at [www.serviceontario.ca](http://www.serviceontario.ca) for further information.

Provide the registered business name or operating name of the site (the name by which the site is known to the public - i.e. the name that appears on the sign of your store, kiosk, gas station, etc.) below:

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**(b) Type of Products to be Sold at this Site** (check appropriate box or boxes).

For more information, *please see Section 7(b) in the Registration as a Seller Guide.*

- OLG Products ► Retailer Location Number (RL #) from OLG Retailer Agreement \_\_\_\_\_.  
Copy of OLG Retailer Agreement must be attached for **NEW** applicants.
- Break Open Tickets ► No OLG Retailer Agreement is required.

**(c) Address of the Site** (cannot be a Post Office Box).

For more information, *please see Section 7(c) in the Registration as a Seller Guide.*

- Same as the head office business address of the applicant.
- Other ► If Other, please specify below.

Street No.	Street Name	Street Type	Direction	Suite/Floor/Apt.
Lot/Concession/Rural Route	City/Town/Municipality	Province/State	Country	Postal/Zip Code
Telephone Number ( ) Ext.		Fax Number ( )	Email	

**8. Business Structure or Organization Type** (check the box and complete the question that best describes the business structure of the applicant).

<input type="checkbox"/> Sole Proprietorship	▶	Complete question 8.1
<input type="checkbox"/> Partnership	▶	Complete question 8.2
<input type="checkbox"/> Corporation	▶	Complete question 8.3
<input type="checkbox"/> Association or Organization (non-profit or charitable)	▶	Complete question 8.4

**8.1 Sole Proprietorship**

In the section below, provide the name of the sole proprietor.

Last Name	First Name	Middle Name(s)
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Go to Question 9 ▶ **Individuals Associated with the Applicant**

**8.2 Partnership**

In the section below, provide the legal name and percentage of partnership interest of the partners that form the partnership. A partner can be an individual, corporation, or partnership.

	Legal Name of Partner	Percentage of partnership interest
1		%
2		%
3		%

If you require more space, provide the legal name and percentage partnership interest of the other partner(s) on a separate sheet of paper labelled as **8.2 Partnership – Partners**, and attach to the application form.

List attached

Go to Question 9 ▶ **Individuals Associated with the Applicant**

**8.3 Corporation**

Legal name of the corporation (please refer to legal incorporation documentation)		
Date of Incorporation YYYY MM DD	Corporation Number	Jurisdiction of Incorporation (country, province, territory, or state)

Go to Question 9 ▶ **Individuals Associated with the Applicant**

**8.4 Association or Organization**

In the section below, provide the legal name of the members that form the association or organization. A member can be an individual, corporation, or partnership.

	Legal Name of Member
1	
2	
3	

If you require more space, provide the legal name of the other member(s) on a separate sheet of paper labelled as **8.4 Association or Organization – Members**, and attach to the application form.

List attached

Go to Question 9 ► **Individuals Associated with the Applicant**

**9. Individuals Associated with the Applicant**

For more information, *please see Section 9 in the Registration as a Seller Guide.*

Note: This section **only** applies to the following types of individual(s) who currently oversee the sale of break open tickets and/or OLG products:

- the **sole proprietor** of the sole proprietorship;
- the **partners** of the partnership;
- the **officer(s), director(s), shareholder(s)** of the corporation;
- or the **board member(s)** of the association or organization (non-profit or charitable)

A **Personal Disclosure Form** must be completed and attached to this application for each individual listed below.

	Last Name	First Name	Middle Name(s)	Has Signing Authority on behalf of the Business Entity?	Personal Disclosure Form attached
1				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

If more space is required, attach a separate sheet of paper labelled as **9. Individuals Associated with the Applicant**.

List attached

**10. Category 1 Gaming Assistants** (refers to an individual who is acting as a Lottery Retailer Manager). For more information, please see *Section 10 in the Registration as a Seller Guide*.

**Note:** Individuals listed in Question 9 should not complete this section.

Do you employ anyone involved in the sale of OLG products who is not listed in Question 9?

This includes individuals who oversee and coordinate the sale of OLG products; manage compliance issues regarding the sale of OLG products; or have signing authority to purchase OLG products for the site(s), enter into contracts with OLG, or to complete an “offer of employment” for a Category 1 Gaming Assistant.

Yes ► If **YES**, provide the information requested in the question below for each individual.

No ► If **No**, go to **Question 11 — Background Information**.

1	Last Name	First Name	Middle Name(s)
<p>Does the individual have a valid registration as a Category 1 Gaming Assistant?</p> <p><input type="checkbox"/> Yes ► If <b>YES</b>, provide the AGCO File # _____.</p> <p><input type="checkbox"/> No ► If <b>No</b>, attach a completed <b><i>Application for Registration as a Category 1 Gaming Assistant</i></b>.</p> <p><input type="checkbox"/> Application form attached</p>			

2	Last Name	First Name	Middle Name(s)
<p>Does the individual have a valid registration as a Category 1 Gaming Assistant?</p> <p><input type="checkbox"/> Yes ► If <b>YES</b>, provide the AGCO File # _____.</p> <p><input type="checkbox"/> No ► If <b>No</b>, attach a completed <b><i>Application for Registration as a Category 1 Gaming Assistant</i></b>.</p> <p><input type="checkbox"/> Application form attached</p>			

3	Last Name	First Name	Middle Name(s)
<p>Does the individual have a valid registration as a Category 1 Gaming Assistant?</p> <p><input type="checkbox"/> Yes ► If <b>YES</b>, provide the AGCO File # _____.</p> <p><input type="checkbox"/> No ► If <b>No</b>, attach a completed <b><i>Application for Registration as a Category 1 Gaming Assistant</i></b>.</p> <p><input type="checkbox"/> Application form attached</p>			

If you require more space, provide the information requested above for the other individual(s) on a separate sheet of paper labelled as **10. Category 1 Gaming Assistants**, and attach to the application form.

Attachment provided

**11. Background Information** (Questions 11.1, 11.2, 11.3, and 11.4 apply to the **Applicant** named in Question 2). For more information, *please see Section 11 in the Registration as a Seller Guide.*

### 11.1 Licences/Registrations

a) Does the applicant currently hold a licence, permit, certificate or registration of any kind that is necessary to carry on specific business activities? *This includes any licence, permit, certificate or registration in connection with gaming or liquor.*

Yes ►  Details attached  No

If **YES**, please attach the following details to this application labelled as **11.1(a) Licences/Registrations**:

- (1) licence/permit/certificate/registration number;
- (2) type of licence/permit/certificate/registration; and
- (3) jurisdiction (province/state) of licence/permit/certificate/registration.

b) Has the applicant ever withdrawn an application for or been refused any type of licence, permit, certificate or registration by any kind of regulatory body or authority? *This includes any licence, permit, certificate or registration in connection with gaming or liquor.*

Yes ►  Details attached  No

If **YES**, please attach the following details to this application labelled as **11.1(b) Licences/Registrations – Withdraw/Refuse**:

- (1) reason for refusal or withdrawal;
- (2) date of occurrence;
- (3) type of licence/permit/certificate/registration; and
- (4) jurisdiction (province/state).

c) Has the applicant ever surrendered or had any type of licence, permit, certificate or registration suspended, revoked, or had a fine, monetary penalty or similar disciplinary action imposed against it in Canada or elsewhere? *This includes any licence, permit, certificate or registration in connection with gaming or liquor.*

Yes ►  Details attached  No

If **YES**, please attach the following details to this application labelled as **11.1(c) Licences/Registrations – Surrender/Suspend/Revoke/Penalty**:

- (1) type of licence/permit/certificate/registration;
- (2) date of occurrence;
- (3) jurisdiction;
- (4) reason for surrender, suspension, revocation, imposition of monetary penalty, fine or disciplinary action;
- (5) length of suspension (if applicable); and
- (6) amount of fine or monetary penalty (if applicable).

### 11.2 Past Conduct

a) Has the applicant ever been charged, convicted or found guilty of any offence in Canada or elsewhere? *This includes all federal and provincial offences, including under the following:*

- *Criminal Code of Canada*
- *Highway Traffic Act*, including speeding, driving without a licence or with a suspended licence, and driving without insurance.

Yes ►  Details attached  No

If **YES**, please attach the following details to this application labelled as **11.2(a) Past Conduct – Offences**:

- (1) date of occurrence;
- (2) description of charge, conviction or finding of guilt;
- (3) description of sentence/disposition; and
- (4) court location.

- b) Are there any outstanding charges (including appearance notices and/or summons(es)) against the applicant in Canada or elsewhere? *This includes all federal and provincial offences, offences, including under the following:*
- *Criminal Code of Canada*
  - *Highway Traffic Act*, including speeding, driving without a licence or with a suspended licence, and driving without insurance.

Yes ►  Details attached  No

If **YES**, please attach the following details to this application labelled as **11.2(b) Past Conduct Outstanding Charges:**

(1) court appearance date and location; (2) description of offence(s).

- c) Has the applicant ever been subject to any disciplinary action or administrative penalties by OLG in the last four years? *This includes selling non-activated tickets (pack penalties), returned cheques for non-sufficient funds (NSF), etc.*

Yes ►  Details attached  No

If **YES**, please attach the following details to this application labelled as **11.2(c) Past Conduct – Disciplinary Action/Penalty:**

(1) date of occurrence; (2) type of disciplinary action or penalty; and (3) reason(s) for disciplinary action or penalty.

### 11.3 Civil Proceedings

- a) Has the applicant ever had a lawsuit(s) (civil action) brought against it for misrepresentation, fraud, deceit, or breach of trust in which a party (plaintiff) was awarded damages through a court decision or made payment in connection to an out-of-court settlement? Where information about an out-of-court settlement agreement is subject to a confidentiality or non-disclosure provision, such information is not required.

Yes ►  Details attached  No

If **YES**, please attach the following details to this application labelled as **11.3(a) Civil Proceedings – Lawsuit(s):**

(1) description of claim; (2) date of proceedings; (3) name(s) of other parties to the proceeding; (4) outcome of proceeding(s); (5) name and address of court; and (6) court file number (if known).

- b) Are there any outstanding claims filed against the applicant, or in the process of being filed against the applicant, in Canada or elsewhere?

Yes ►  Details attached  Copy of Statement of Defence attached  No

If **YES**, please attach the following details to this application labelled as **11.3(b) Civil Proceedings – Outstanding Claims:**

(1) nature of claim; (2) name and address of court; and (3) court file number (if known).

**Note:** For outstanding lawsuit(s) provide a copy of the Statement of Defence (if one has been filed).

### 11.4 Bankruptcy Information

Has the applicant ever filed for bankruptcy, been petitioned into bankruptcy, sought relief or made a proposal under any bankruptcy or insolvency law in Canada or elsewhere?

Yes ►  Details attached  No

If **Yes**, please attach the following details to this application labelled as **11.4 Bankruptcy Information:**

(1) type (filing, petition, relief or proposal); (2) reason; (3) date; (4) name and address of trustee or receiver (if applicable); (5) name and address of court; (6) court file number; and (7) outcome or current status.

# Notification under *Freedom of Information and Protection of Privacy Act* Subsection 39(2)

## Notice

The information on this form is collected pursuant to the *Gaming Control Act, 1992*. The principal purpose for which this information will be used is to consider my suitability or continued suitability for a gaming registration.

## Consent

I consent to the Registrar of Alcohol, Gaming and Racing (the Registrar) collecting such additional information about me as may be necessary to verify the information provided on this form and to determine my suitability or continued suitability for a gaming registration. I understand that it may be necessary for the Registrar to collect and receive additional information from any source, including some or all of the following domestic and foreign sources: financial institutions, credit bureaus and credit reporting agencies, regional and national banking and loan institutions. I further consent to the disclosure to the Registrar of any information sought including my police or criminal record, if any, and I hereby authorize the Chief of Police or other Officer in Charge to forward all relevant information to the Registrar. I hereby authorize the Ontario Provincial Police (OPP) to release records of criminal convictions and findings of guilt for which a pardon has not been granted, records of discharges which have not been removed from the Canadian Police Information Centre (CPIC) system in accordance with the *Criminal Records Act* and records of outstanding criminal charges of which the OPP is aware to the Registrar.

## Additional Information

If you have questions about the collection of your personal information on this form, please contact:

Registrar of Alcohol and Gaming  
90 Sheppard Avenue East  
Suite 200  
Toronto ON M2N 0A4  
Fax: 416-326-8711  
Tel: 416-326-8700 or 1-800-522-2876 toll free in Ontario

## Declaration

I solemnly declare that I have read over this form and I make this solemn declaration conscientiously believing its contents to be true and knowing that it is of the same force and effect as if made under oath. I also understand that this form may not set out all the questions that I may be asked nor constitute all the documentation and/or information that I may be required to supply. I understand that further questions may become necessary and that further documentation and/or information may be required during the application process and that if I do not wish to answer any further questions or supply any further documentation or information that my application will be abandoned.

Name		
Signature	Date	
	YYYY	MM DD

**The individual named above must have the authority to bind the business entity (applicant) named in Question 2.**