

Submit

Clear

Print

Bingo Association Bingo Facility Licence Application

Bingo Association

Full Name (Please Print)

Association Address

City/Town

Province

Postal Code

Contact

Business Phone

Email

Mailing Address or Name and Address to Where Future Correspondence Should be Mailed if Different Than Above

Name

Address

City/Town

Province

Postal Code

Phone

Email

Authorization for Application

We certify that: all information and documents supplied are correct. Any AGLC Inspector may examine and make copies of all records relating to this application and/or licence. This includes the approved bank account(s) at any financial institution(s).

President's Signature

Association Representative's (Admin) Signature

Full Name (Please Print)

Full Name (Please Print)

Mailing Address

Mailing Address

City/Town

Province

Postal Code

City/Town

Province

Postal Code

Contact Phone

Email

Contact Phone

Email

List of Persons Who Can Request Amendments to Bingo Programs, Schemes, Facility Licence or Pull Ticket Licence

Position

Name

Contact Phone

THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION

- Association member club bingo applications.
- Current list of executive (including Directors) with contact information.
- Executive Officers Particular form for each executive member; if executive is new please provide identification.
- Total number of events Association will operate during the full two year licence period. Please separate this figure into number of mornings, afternoons, evenings and late nights.
- Dates the hall will be closed during the licensed period.
- Licence fees - \$10.00/event (fees may be submitted on a monthly, quarterly or yearly basis). Fees must be received no later than 15 days prior to the beginning selected term.
- Lease – **only** if existing lease is expiring during the licence period.
- Meeting minutes – **only** if adding new group(s) at time of licence renewal.

Bingo Facility Licence Details

Name of Bingo Facility			
Bingo Facility Address	City/Town	Province	Postal Code
Contact Person	Phone Number	Email Address	

Signing Authority

By signature, I / we certify the above information is correct and the applicant is the owner or lessee of the premises covered by this application, and is in actual possession and control of those premises.

President's Signature	Date
-----------------------	------

Protection of Privacy

The personal information requested on this form is collected under the authority of Section 33(c) of the *Alberta Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that Act. It will be used for the administration of all policies and processes relating to Charitable Gaming Licensing.

Your personal information is protected by Alberta's FOIP Act and can be reviewed upon request.

Direct any questions about this collection to:

AGLC FOIP Coordinator
50 Corriveau Avenue,
St. Albert, Alberta T8N 3T5
780-447-8600 or toll free at 1-800-272-8876

AGLC Contact Information

50 Corriveau Avenue St. Albert, Alberta T8N 3T5	Phone: 780-651-7600 ext. 6 Toll-Free: 1-855-506-1066 ext. 6	website: aglc.ca Email: gaming.licensing@aglc.ca
----------------------------------------------------	----------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------