

50 Corriveau Avenue  
 St. Albert, Alberta T8N 3T5  
 Phone: 780-447-8600 Fax: 780-447-8913

<b>BINGO ASSOCIATION</b>			
Print Full Name: _____			
Association Address: _____			
			Postal Code
Contact: _____			
		(    )	(    )
		Bus. Phone	Fax
Incorporated Under: <input type="checkbox"/> Societies Act <input type="checkbox"/> Companies Act <input type="checkbox"/> Other <i>specify</i> _____			
Incorporation No.: _____		Incorporation Date: _____	

<b>MAILING ADDRESS OR NAME AND ADDRESS TO WHERE FUTURE CORRESPONDENCE SHOULD BE MAILED IF DIFFERENT THAN ABOVE</b>			
_____			
			Postal Code
		(    )	(    )
		Phone	Fax

<b>AUTHORIZATION FOR APPLICATION</b>					
<b>WE CERTIFY THAT:</b> 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).					
<b>President Signature</b>			<b>Association Representative's (Admin) Signature</b>		
_____			_____		
Print Full Name _____			Print Full Name _____		
Date of Birth _____			Date of Birth _____		
yy                      mm                      dd			yy                      mm                      dd		
Mailing Address _____			Mailing Address _____		
Postal Code			Postal Code		
Res. Phone                      Bus. Phone                      Fax			Res. Phone                      Bus. Phone                      Fax		
(    )                      (    )                      (    )			(    )                      (    )                      (    )		
Email Address: _____			Email Address: _____		

<b>LIST OF PERSONS WHO CAN REQUEST AMENDMENTS TO BINGO PROGRAMS, SCHEMES, FACILITY LICENCE OR PULL TICKET LICENCE (CBH 3.5.12)</b>			
POSITION	NAME	TELEPHONE	
		Residence	Business
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**HAVE YOU REVISED OR MADE ANY CHANGES TO ANY OF THE FOLLOWING IN THE LAST 12 MONTHS? IF YES, PLEASE ATTACH COPIES OF REVISED DOCUMENTS, AND HIGHLIGHT THE AREAS WHICH WERE CHANGED.**

Operating By-Laws  Yes  No Duties of Volunteer & Hired Staff  Yes  No  
 Financial Inventory/Control System  Yes  No

**THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION:**

- Association Membership, which includes the Bingo Representative name, address, business and residence phone and fax number.
- Copy of Minutes of last Annual General Meeting.
- Current Executive List (with Directors) including names, addresses and phone and fax numbers.
- Executive Officers Particular form for each executive member (Form #5423-2).
- Total number of events Association will operate during the year. Please separate this figure into number of mornings, afternoons, evenings and late nights.
- Dates the hall will be closed during the licensed period.
- List of all paid staff, name, position, address, phone numbers, registration number, rate of pay, and position descriptions (for new or changed).
- Copy of current bonding policy for paid staff, as per section 4.1.4-Commercial Bingo Handbook.
- Details regarding proposed Anniversary of Monthly Specials, Bingo Program, House Rules and Rules of Play.
- Licence fees - \$20/event (fees may be submitted on a monthly, quarterly or yearly basis, however no later than 15 days prior to the beginning of each of those terms).
- Managing Bingo Event Revenues – Letter of Application – Option 1 or Option 2 with Pooling Agreement

**BINGO PROGRAM:**

- If you intend to amend the Bingo Program in any way to take effect at the start of the new licence period, please send electronically to [bingoprograms@aglc.ca](mailto:bingoprograms@aglc.ca).

**BINGO FACILITY LICENCE DETAILS**

Name of Bingo Facility: \_\_\_\_\_  
 Address of Bingo Facility: \_\_\_\_\_  
 \_\_\_\_\_ Postal Code \_\_\_\_\_  
 \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Contact Person Phone Number Fax Number

**HAVE YOU REVISED OR MADE ANY CHANGES TO ANY OF THE FOLLOWING IN THE LAST 12 MONTHS? IF YES, PLEASE ATTACH COPIES OF REVISED DOCUMENTS, AND HIGHLIGHT THE AREAS WHICH WERE CHANGED.**

1. The property where the bingo events are held.  Yes  No
2. Lease Agreement  Yes  No
3. Attorney and Law Firm representing the Bingo Association  Yes  No
4. Accountant and Accounting Firm representing the Bingo Association  Yes  No
5. Business organizations, other entities or individuals which hold ANY financial interest in this Association  Yes  No

**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.

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. Direct any questions about this collection to: AGLC FOIP Coordinator, 50 Corriveau Avenue, St. Albert, AB T8N 3T5 780-447-8600 or toll free at 1-800-272-8876.

If you have any questions about the collection or use of the information, please contact:

Alberta Gaming, Liquor and Cannabis Commission  
 50 Corriveau Avenue  
 St. Albert, Alberta T8N 3T5  
 Telephone: 780-447-8600 Toll-free: 1-800-272-8876