



## **APPROVED GAMING SERVICE PROVIDER (AGSP) APPLICATION**

**Alberta Gaming, Liquor & Cannabis (AGLC) must approve** persons or entities providing a Gaming or Non-Gaming related service to Alberta Gaming Licensees/Registrants. Approval is for 2 years unless otherwise stated.

**An AGSP approval is automatically cancelled** on a sale, assignment or transfer that results in a change of control in the ownership structure (owner, financial interest, share structure) of the applicant.

**Read the Instructions carefully** – it contains important information that is required to complete the application.

**Return the completed information package marked “Personal & Confidential”** to:

AGLC  
Audit Services Branch  
50 Corriveau Avenue  
St. Albert, Alberta, Canada T8N 3T5  
Attention: Manager, Due Diligence

**For further information contact Audit Services Branch at:**

Telephone: 780-447-8819  
Fax: 780-447-8914  
E-Mail [duediligence@aglc.ca](mailto:duediligence@aglc.ca)

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## INSTRUCTIONS

### A. TERMS / DEFINITIONS

1. **AGLC** – Alberta Gaming, Liquor & Cannabis
2. **AGSP** – Approved Gaming Service Provider.
3. **AGSP Designation** – Authorization issued by AGLC to a person approved to provide gaming services to Alberta Gaming Licensees.

**An AGSP Designation** – is issued for a two (2) year period.

#### 4. **Applicant** –

- i. Person applying for an AGSP designation.
- ii. A reference to an applicant:
  - a) that is a partnership includes each partner, or
  - b) that is a corporation includes the officers and directors of the corporation.

5. **Arrest** – Includes any detaining, holding or taking into custody by any law enforcement authority to answer for the alleged performance of any offence.

#### 6. **Associated Person** –

- i. Persons associated with each other, namely,
  - a) persons related to each other, or
  - b) persons not related to each other, but not dealing with each other at arm's length.
- ii. One of the persons controls, directly or indirectly in any manner whatever, the other.
- iii. Both persons are controlled, directly or indirectly in any manner whatever, by the same person or group of persons.
- iv. Any person that has a financial interest in the applicant or the applicant's business.
- v. Any corporate entity that has control over the applicant, and includes but is not limited to a corporate entity that is or will be a(n):

- a) Owner,

- b) Partner (in a partnership),
- c) Parent or holding company,
- d) Shareholder directly or indirectly controlling 5% or more of the shares in the **Applicant**, or
- e) Any person with a direct or indirect financial interest of 5% or more in the **Applicant**,
- f) Director,
- g) Officer, or
- h) Key Employee.

7. **Charge** – Includes any indictment, complaint, information, summons or other notice of the alleged commission of any offence.

8. **City** – Includes but is not limited to a hamlet, village or town.

#### 9. **Control** –

- i. Power to direct.
- ii. A person has in relation to a corporation any direct or indirect influence which, if exercised, would result in control in fact of the corporation whether directly through the ownership structure, or indirectly through a trust, a contract, ownership of shares, stocks, equities or securities of another body corporate or otherwise.
- iii. The ability to appoint, elect or cause the appointment or election of a majority of the directors of the body corporate, whether or not that ability is exercised.
- iv. Any owner, shareholder or other person related to an associated person that has direct or indirect control of 5% or more of the **applicant**.
- v. AGLC must be notified of any change in control in the applicant or an associated person.

**10. Controlling Interest** – The interest that a person has in any business entity when that person beneficially owns, directly or indirectly, or exercises control or direction over the entity.

**11. Director** –

- i. Those individual(s) acting collectively to whom the duty of managing the general affairs of the company is delegated by the shareholders. Their duty is to conduct the business of the company for the greatest benefit of the shareholders.
- ii. Any individual acting in a capacity similar to that of director of a company.
- iii. A trustee, officer, member of an executive committee and any individual occupying a similar position.

**12. Due Diligence Investigation** –

- i. An investigation conducted by AGLC to determine the eligibility of an applicant for AGSP designation, or to continue to hold an AGSP designation.
- ii. This includes but is not limited to an inquiry or investigation relating to the honesty and integrity, financial history or competence of:
  - a) The applicant,
  - b) Any associated persons, or
  - c) Any other person with connections to the applicant.

**13. Financial Interest** – Includes any direct, indirect or contingent interest:

- i. Whether as owner, partial or otherwise, of an interest, beneficial owner, owner of shares or owner through trusteeship, investment or otherwise, or
- ii. In management, whether by management agreement, partnership agreement or other agreement, or
- iii. Because of having loaned or advanced or caused to be loaned or advanced money or any thing of value, with or without security, or

- iv. Any person related to an applicant or associated person that holds a direct or indirect financial interest of 5% or more in the **applicant**.

**14. Gaming** – Includes all types of gaming/gambling e.g., bingo, casino, raffle or lottery, video lottery terminal/slot machine, junket operation, horse racing, dog racing, pari-mutuel operation, sports betting, internet gaming, and the distribution or manufacture of any type of gaming supply.

**15. Holding Company** – A company the primary purpose of which is to own shares of one or more other companies.

**16. Investor** – A person that has a total equity percentage that is greater than zero.

**17. Key Employee** –

- i. Individual(s) that exercise influence or control over day to day operations or decision-making.
- ii. Individuals employed in senior management positions such as CEO, CFO, controller, senior compliance officers, or any other individual who performs functions for a company similar to those normally performed by an individual occupying any of these offices.
- iii. Any other person holding a position as determined by AGLC.

**18. Married** – Includes common-law or other similar relationship where the individual is connected to an individual associated person by virtue of a relationship of interdependence as defined in the *Adult Interdependent Relationships Act* (Alberta).

**19. Offence** – Includes all offences, regardless of the seriousness, under any Federal, Provincial or Municipal statute, or violations of a probation order or any other court order.

**20. Officer** –

- i. An individual employed in connection with the administration and management of a department.
- ii. The chairman and vice-chairman of the board of directors, the president, vice-president, secretary, assistant secretary,

treasurer, assistant treasurer, general manager and any other individual designated an officer by by-law or resolution of the directors, and any other individual who performs functions for a company similar to those normally performed by an individual occupying any of those offices.

iii. The chairman, president, vice-president, secretary, treasurer, comptroller, general counsel, general manager, managing director or any other individual who performs functions for a corporation similar to those normally performed by an individual occupying any such office.

21. **Owner** – Majority shareholder, controlling shareholder, general partner, senior partner and proprietor.

22. **Parent Company** – A company that controls another company.

23. **Partner** (in a partnership) – A member of a partnership.

24. **Partner** – A reference to a partner of an individual includes a man or woman who although not legally married to the individual, has lived and cohabited with the individual as their partner. Includes spouse, common-law spouse or individual connected to the personal applicant by virtue of an adult interdependent relationship.

**Note:** Criminal record checks and financial checks will be conducted on all partners.

25. **Person(s)** – extends beyond the individual and includes public bodies, corporations, partnerships, business ventures, societies, companies, or any other business entity.

26. **Postal Code** – Includes but is not limited to Zip Code (United States) or equivalent.

27. **Province** – Includes but is not limited to a state, county or equivalent.

28. **Shareholder** –

- i. Someone who holds shares in a company.
- ii. A subscriber to or holder of stock in a company.

iii. A shareholder of a corporation and includes a member of a corporation or other person entitled to receive payment of a dividend or to a share in a distribution on the winding-up of the corporation.

iv. One who has a proportionate interest in its [a corporation's] assets and is entitled to take part in its control and receive its dividends.

v. A shareholder in an associated applicant that directly or indirectly controls 5% or more of the shares in the **applicant**.

29. **Social Insurance Number** – Includes but is not limited to a social security number or other similar unique identifying number.

30. **True Copy** - May be a photocopy of the original. The copy must be signed by the president/owner that is signing the disclosure.

## B. FEES

There are no fees payable to become an approved gaming terminal parts supplier.

## C. DISTRIBUTING THE APPLICATION PACKAGE

1. A copy of the Application package is available in a “Microsoft Word” or “Adobe Acrobat” format. Contact Due Diligence by telephone or e-mail to request a copy. Please stipulate which format is being requested.

2. It is the Applicant’s responsibility to ensure that:

- i. All associated persons are provided sufficient copies of the appropriate disclosure packages:
  - a) Schedule A for corporate entities, and
  - b) Schedule B for individuals,

A copy of these instructions and the Consent to Release Information, Associated Persons Disclosure must be attached to each Schedule.

ii. All disclosure forms are completed in full and submitted to AGLC prior to the date requested.

**D. COMPLETING THE DISCLOSURE APPLICATIONS**

1. An answer must be provided for every question – do not leave blank spaces.
  - i. If a question does not apply, write “Does not Apply” or “N/A”.
  - ii. If there is nothing to disclose, write “None”.
  - iii. If documents were provided with a previous Disclosure, indicate “Previously Submitted”.
2. If submitting an application for the first time, answer every question and attach all information and documentation as requested.

For subsequent applications, answer every question, but attach only that information or documentation that has changed, or which was not submitted previously.
3. All applications must be legible – type or print clearly. Illegible applications will be returned.
4. The application may not be modified in any way. Modified applications will be returned.
5. Incomplete applications will be returned for completion.
6. If insufficient space is provided either make additional copies of the page, or use additional paper and attach it to the appropriate page.
7. All attachments must be clearly labelled as “Attachment 1, Attachment 2, Attachment 3,” etc. The attachment number must then be noted **in the space provided beside** the applicable question.
8. All attachments that are not originals must be a true copy of the original, and be signed by the appropriate individual.
9. The individual designated by the applicant to complete the application must complete the “Company Representative Statutory Declaration” declaring that the information provided is true, accurate and complete, and that all requested documentation is provided.
10. The applicant’s president or owner must sign/initial as follows:
  - i. Initial and date each page using blue ink (to differentiate between a copy and the original) to verify all statements made are

accurate, all material facts are included, and all requested information and documentation are provided.

- ii. Sign the “Applicant Owner or President Statutory Declaration”. The Declaration must be witnessed by an individual authorized to take declarations.
  - iii. Sign the “Consent to Release Information” forms.
11. Keep a copy of the application for your records. You may be contacted for further information, documentation or clarification.
  12. Return the completed application in its entirety (all pages with the exception of these instructions pages) marked “**Personal & Confidential**” to:

AGLC  
Audit Services Branch  
50 Corriveau Avenue  
St. Albert, Alberta, Canada T8N 3T5  
Attention: Manager, Due Diligence

**E. DENIAL, CANCELLATION OF AN AGSP DESIGNATION**

1. **An AGSP designation is automatically cancelled** on a sale, assignment or transfer that results in a change of control in the ownership structure (owner, financial interest, share structure) of the applicant.

**Any proposed change of 5% or more must be approved by**, and a due diligence investigation conducted by, AGLC prior to any sale, assignment or transfer taking place.
2. AGLC may refuse to issue an AGSP designation or may cancel an AGSP designation if the applicant or any associated person (including but not limited to an owner, investor, shareholder, director, officer, key employee, or partner of any individual owner, investor shareholder, director, officer, key employee or other person associated to the applicant):
  - i. Is a person who has not acted or may not act in accordance with the law, with honesty and integrity or in the public interest, having regard to the past conduct of the person.

- ii. Is a person whose character, financial history or competence would be a detriment to the integrity or lawful conduct of gaming activities in Alberta.
- iii. Is a person whose background, reputation and associations may result in adverse publicity for the gaming industry in Alberta.
- iv. Fails to provide all requested information, modifies any question on the application, makes statements that are not accurate or does not disclose all material facts.
- v. Fails to initial each page or sign the Statutory Declarations or the Consent to Release Information forms.
- vi. Fails to disclose all persons associated to the applicant.
- vii. Fails to notify AGLC of any change in ownership, financial interest, share structure, or a change to any individual director, officer or key employee in the applicant or associated person

**F. IMPORTANT INFORMATION**

1. All information and documents provided as part of this application:
  - i. Become the property of AGLC and will not be returned.
  - ii. Are confidential and will be treated as such.
  - iii. Are for AGLC's use to determine the applicant's eligibility for an AGSP designation.
  - iv. Will be verified through an investigative process – further information, documentation or clarification may be requested.
  - v. May be shared or exchanged with other agencies in order to evaluate the applicant's eligibility for an AGSP designation.

**G. FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (ALBERTA)**

1. The information collected in this application is used in determining the eligibility of the application for an AGSP designation.
2. The specific legal authority for the collection of this information is the *Gaming and Liquor Act* (Alberta) and the *Gaming and Liquor Regulation* (Alberta).
3. All application packages shall be kept confidential and shall only be released in accordance with the:
  - i. Consent to Release Information form.
  - ii. *Freedom of Information and Protection of Privacy Act* (FOIP Act) (Alberta).
4. The FOIP Act defines personal information as “recorded information about an identifiable individual”, such as the individual's:
  - i. Name, address or telephone number.
  - ii. Age, gender, marital or family status.
  - iii. Any identifying number or other symbol.
  - iv. Financial, criminal or employment history.
5. Inquiries regarding the collection of this information should be directed to:  
FOIP Coordinator  
AGLC  
50 Corriveau Avenue  
St. Albert, Alberta, Canada T8N 3T5  
Telephone: 780-447-8600  
Fax: 780-447-8919





8. Is the Applicant known by any other name?

No     Yes, list all names: \_\_\_\_\_  
\_\_\_\_\_

9. Applicant is a:

- Corporation
- Partnership
- Limited Liability Company
- Other – specify: \_\_\_\_\_

## CORPORATE STRUCTURE

10. Has the ownership structure changed within the last two (2) calendar years?

- No     Yes, provide details below.

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11. Provide the following for all:

- Owners,
- Partners (in a partnership),
- Parent or holding companies,
- Shareholders directly or indirectly controlling 5% or more of the shares in the **Applicant**, or
- Any person with a direct or indirect financial interest of 5% or more in the **Applicant**,

- i. Each company listed must complete and sign Schedule A; each individual must complete and sign Schedule B.
- ii. For publicly traded companies only, shareholders/partners of 5% or less are not required to complete a Schedule; **however, these must be listed.**

Individual/Person Full Legal Name	Position or Relationship	% of Ownership	Number of Shares/Units Held and %

**Corporate Structure – Continued**

**12.** List all directors and officers. Provide full name, position or relationship, and the individual and position each director or officer reports to. Schedule B’s must be provided for each.

Full Legal Name	Position or Relationship	Individual & Position Reporting to:

**13.** Total Number of Employees: \_\_\_\_\_

**14.** List all key employees. Provide full name and position for each and individual and position each key employee reports to. Schedule B’s must be provided for all individuals listed.

Full Legal Name	Position or Relationship	Individual & Position Reporting to

## GAMING LICENCES

15. Has the applicant ever made application for or held any licence, registration or similar designation to participate in any form or type of gaming related operation in any **other** jurisdiction? Do not include publicly-traded corporations in which less than 5% of stock is held.

No     Yes, provide:

Name & Address of Regulatory Agency	Contact Name & Telephone Number	Designation Type	Date Approved & Status	Details

## CRIMINAL / LITIGATION / DISCIPLINARY INFORMATION

**IMPORTANT INFORMATION:** Failure to provide full disclosure will be taken into account in assessing the **applicant's** character, honesty and integrity and may result in the applicant being denied an AGSP designation.

- |  |  |
|--|--|
| <p><b>A.</b> An applicant may not be eligible for an AGSP designation if the character, financial history or competence of the applicant or any associated person (including but not limited to an owner, shareholder, director, officer, key employee, or partner of any individual shareholder, director, officer or key employee) poses a threat to the integrity of gaming.</p> <p><b>B.</b> Enquiries will be made to determine if the applicant or any associated person has ever been charged with or convicted of, or is subject to pending charges for a criminal, regulatory, civil or other statutory offence.</p> <p><b>C.</b> The applicant and all associated persons must provide full disclosure of all criminal and civil proceedings.</p> <p><b>D.</b> Failure to disclose any such involvement will be taken into account when assessing the applicant's eligibility for an AGSP designation.</p> | <p><b>E.</b> The particulars of any offence or claim and the sentence or penalty imposed will be reviewed to determine whether a conviction or charge affects the applicant's eligibility for an AGSP designation.</p> <p><b>F. INSTRUCTIONS:</b></p> <p><b>1.</b> Answer <b>"Yes"</b> and provide all information <b>even if:</b></p> <ul style="list-style-type: none"> <li><b>i.</b> The charges were dismissed or subsequently downgraded to a lesser charge.</li> <li><b>ii.</b> The applicant was not convicted.</li> </ul> <p><b>2.</b> Answer <b>"No"</b> if any records relating to a charge or conviction have been expunged or otherwise officially sealed by a court or government agency.</p> |
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**16.** Has the **applicant** ever been investigated for, charged with or convicted of a criminal offence or other violation of any statute, regulation or code?

No     Yes, provide:

Date	Reason for Investigation, Charge or Conviction	Disposition and Sentence	Enforcement Agency Name and Location

**Criminal / Litigation / Disciplinary Information**

17. Has the applicant ever had any gaming licence, registration or designation denied, suspended, revoked or made subject to any sanctions?

No  Yes, provide:

Type of Licence/Registration	Name of Licensing Agency and Contact Name and Telephone Number	Date of and Reason(s) for Denial, Suspension, Revocation or Condition

18. Has the applicant ever been the subject of any order, judgement or decree of any court of competent jurisdiction or any order of an administrative agency, board or body, permanently or temporarily enjoining or prohibiting it from or other wise limiting its participation in any type of business, practice or authority?

No  Yes, provide:

Date of Order, Judgement or Decree	Docket/File Number	Details	Issuing Court and Location

## FINANCIAL INFORMATION

- 19.** Attach copies of financial statements for the last two (2) years. ....Attachment(s) # \_\_\_\_\_
- 20.** Attach a year to date financial statement. Include a balance sheet and income statement up to the most recent month-end, and an aged accounts receivable and accounts payable listing for the same period. ....Attachment(s) # \_\_\_\_\_
- 21.** Attach copies of completed income tax returns for the last two (2) years for each jurisdiction in which the Applicant is required to file. Include all schedules, information slips and assessment/reassessment notices. ....Attachment(s) # \_\_\_\_\_
- 22.** Corporate Tax Account Number (BNS): \_\_\_\_\_
- 23.** If the applicant is operating in jurisdictions outside of Canada or the United States, provide a credit bureau report completed within the last month for each jurisdiction. ....Attachment # \_\_\_\_\_
- 24.** Is the applicant a publicly-traded company?
- No    Yes, provide:
- i.** A copy of the latest stock report. ....Attachment # \_\_\_\_\_
- ii.** Attach a copy of filings with Corporate Security (if applicable). ....Attachment # \_\_\_\_\_
- iii.** Current value of stock:..... \_\_\_\_\_ as of (date): \_\_\_\_\_
- iv.** Stock Symbol:..... \_\_\_\_\_
- v.** Traded on: ..... \_\_\_\_\_
- vi.** Are stocks traded over the counter?       No    Yes
- 25.** List all stock offerings that will be, or were in the last five years, offered to the public or otherwise. Include copies of all pertinent documents.

Stock	Terms	Date	Attachment #

**Financial Information - Continued**

26. List all stock offerings that will be, or were in the last five years, offered to the public or otherwise. Include copies of all pertinent documents.

Stock	Terms	Date	Attachment #

27. Has the applicant ever been a defendant in any civil action or lawsuit involving collection matters, debt matters, bankruptcy, insolvency or liquidation under any bankruptcy, insolvency or similar law?

No     Yes, provide:

Date Filed	Docket/Case Number	Name and Location of Court	Amount Involved	Name and Address of Trustee



**Financial Information - Continued**

**28.** Has any subsidiary in which the applicant held a 5% or greater ownership interest ever been adjudicated bankrupt, or filed a petition for any type of bankruptcy or insolvency under any bankruptcy, insolvency or similar law?

No  Yes, provide:

Date Filed	Docket/Case Number	Name and Location of Court	Name & Address of Filing Party	Name and Address of Trustee Contact Name and Telephone Number

**29.** Has the applicant changed financial institution(s) in the last two (2) years?

No  Yes, provide previous financial institution's name: \_\_\_\_\_

**30.** List all financial institutions in which the applicant has current business accounts.

Name of Financial Institution	Contact Name and Telephone Number	Account Type	Account Number

**Financial Information - Continued**

**31.** List all source of funds (including loans) used to meet all financial obligations, or used for facility expansion for the past two (2) years. Provide copies of all contracts/agreements. Include security schedules, cash flow and debt service plan. Provide a copy of lenders' commitment letters for all credit facilities.

Date of Loan	Source of Funds Lender Name, Contact Name and Telephone Number	Collateral Pledged	Guarantor(s) Name (if applicable)	Reason for Loan and Type of Loan	Amount Borrowed	Amount Outstanding	Interest Rate & Term	Attachment #

**32.** Has the applicant had any other indebtedness in the last two (2) years?

No     Yes, List all loans, mortgages, trust deeds, pledges or security devices and funds owed to any level of government for past due taxes, fees, or other obligations. Include fines, penalties, fees and investigative costs owed to other jurisdictions.

Lender Name & Address	Security Pledged/Collateral	Amount Borrowed	Amount Outstanding	Interest Rate	Term	Reason

**Financial Information - Continued**

**33.** Has the applicant loaned money, equipment or assets to any other person(s)?

No     Yes, provide the following – attach copies of all agreements.

Person's name, Contact Name and Telephone Number	Date Loaned	Amount or Asset Loaned	Status	Reason	Agreement Attachment #

**COMPANY REPRESENTATIVE:  
STATUTORY DECLARATION**

**COMPANY REPRESENTATIVE COMPLETING APPLICATION**

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Telephone:** ( ) \_\_\_\_\_  
**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_  
**Country:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**I,** \_\_\_\_\_  
(*PRINT Company Representative Name*)

**DO SOLEMNLY DECLARE THAT:**

1. I have prepared this AGSP Application on behalf of the \_\_\_\_\_ applicant.
2. I have provided an answer to every question on this Application.
3. The information provided is true, accurate and complete to the best of my knowledge, and all required Disclosures and other documentation have been provided.
4. Any document accompanying this Application that is not an original document is a true copy of the original document.

**I MAKE** this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

**Declared** before me at \_\_\_\_\_ in the province of \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20 \_\_\_\_\_

\_\_\_\_\_  
Company Representative Signature

\_\_\_\_\_  
Notary Public, Justice of the Peace,  
Commissioner for Oaths,  
Or Other Individual Authorized to take Declarations

\_\_\_\_\_  
My Appointment Expires

**APPLICANT OWNER/PRESIDENT:  
STATUTORY DECLARATION**

**Applicant Full Legal Name:** \_\_\_\_\_

**I,** \_\_\_\_\_ *(Applicant Owner or President)*  
of the city of \_\_\_\_\_ in the province of \_\_\_\_\_

**do solemnly declare that:**

1. I have read this AGSP Application and have verified all information contained in it.
2. I have personally initialled and dated each page of this Application declaring that the information provided is true, accurate and complete to the best of my knowledge.

**I make** this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

**Declared** before me at \_\_\_\_\_ in the province of \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20 \_\_\_\_\_

\_\_\_\_\_  
Applicant Owner or President's Signature

\_\_\_\_\_  
Notary Public, Justice of the Peace,  
Commissioner for Oaths,  
Or Other Individual Authorized to take Declarations

\_\_\_\_\_  
My Appointment Expires

## CONSENT TO RELEASE INFORMATION: APPLICANT

**Applicant's Name:** \_\_\_\_\_

Alberta Gaming, Liquor & Cannabis (AGLC) conducts background checks and collects information to determine the eligibility of Applicants for Approved Gaming Service Provider ("AGSP") designation. This consent form will allow AGLC to verify and investigate the information provided by the Applicant in the AGSP Application. AGLC is required under the *Freedom of Information and Protection of Privacy Act*, R.S.A. 2000, c.F-25 to protect the confidentiality of personal information and to use and disclose the information only for the purpose for which it was collected.

1. I hereby authorize AGLC to verify all information provided in the Approved Gaming Service Provider Application to which this consent form is attached (the "AGSP" Application").
2. I executed the AGSP Application with the knowledge that it is an official document and that failure to disclose or provide complete and accurate information on any portion of it may result in the Applicant being rejected for AGSP designation by AGLC. I am further aware that later discovery of an omission or misrepresentation may be grounds for any designation to be suspended or revoked.
3. For the purposes of this Consent to Release Information, I acknowledge that the Applicant has, or has had, an interest in any company or person if it currently has or has previously had any interest by way of ownership, financial or management.
4. I authorize AGLC to share or exchange the information I have provided only with those persons listed in clause 5, 6 or 7 below and only for the purposes of verifying or confirming the accuracy of the information.
5. I hereby authorize and request the following persons to whom this consent form is presented,
  - i) Canadian Customs and Revenue Agency, or the United States Internal Revenue Service, or other equivalent foreign taxing authority;
  - ii) any financial institutions, foreign or domestic, including banks, credit unions, trust companies, investment dealers or brokerage houses; or
  - iii) credit reporting agencies, foreign or domestic,

to release information to AGLC and permit AGLC to review and obtain copies of any and all documents, records or correspondence, including but not limited to, past loan information, notes signed or co-signed by me, account records of any type, passbooks, safety deposit records, and general ledger folios or entries, that are, or may be relevant to verifying my total income, sources of income, assets and liabilities.

**Consent to Release Information: Applicant – Continued**

6. I hereby authorize and request the following persons to whom this consent form is presented,

- i) any law enforcement agency, police service or sheriff's office, foreign or domestic;
- ii) any gaming commission, or other regulatory, licensing or administrative body foreign or domestic; or
- iii) any federal, provincial, state, or municipal government, foreign or domestic,

to release information to AGLC and permit AGLC to review and obtain copies of any and all documents, records or correspondence, that are, or may be relevant to determining the Applicant's eligibility for an AGSP designation, or whether or not the Applicant may be a detriment to the integrity or lawful conduct of gaming activities, by verifying whether or not

- iv) The Applicant has acted, or is alleged to have acted, or any company in which the Applicant has an interest in has acted, or is alleged to have acted in any manner not in accordance with federal, provincial, state, or municipal law;
- v) Any kind of gaming or facility licence of which the Applicant held an interest in was refused, cancelled or suspended in any other jurisdiction;
- vi) The Applicant, or any licensee of which the Applicant held an interest in, received any fines or other sanctions in another jurisdiction pursuant to any gaming, securities, financial or criminal legislation or policy; or
- vii) The Applicant has connections, business or personal, with other individuals or corporations who may have acted, or who are alleged to have acted in any manner not in accordance with federal, provincial, state or municipal law or who have been subject to any investigations referred to in vi) above.

7. I hereby authorize and request all law enforcement agencies, foreign or domestic, to whom this consent form is presented having documents relating to or concerning the Applicant to permit AGLC to conduct a criminal records check, and obtain, review and copy any such documents.

8. I acknowledge that the Applicant shall not be entitled to make any claim against a party to whom this consent form is presented in respect of the release of information or documents in good faith to AGLC.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20 \_\_\_\_\_

\_\_\_\_\_  
Company Owner or President Signature

\_\_\_\_\_  
PRINTED Title

## INSTRUCTIONS: SCHEDULES A AND B

### A. SCHEDULES A AND B MUST BE COMPLETED BY ALL ASSOCIATED PERSONS THAT ARE/WILL BE:

1. an owner,
2. an investor,
3. a partner (in a partnership),
4. a parent or holding company,
5. a shareholder directly or indirectly controlling 5% or more of the shares in the **Applicant**,
6. any person with a direct or indirect financial interest of 5% or more in the **Applicant**,
7. Directors,
8. Officers,
9. Key Employees,

**B.** A criminal records and financial bureau check will be completed on all associated persons and if applicable, their partners.

### C. DISTRIBUTING THE APPLICATION PACKAGE

1. The applicant must ensure that all associated persons receive and complete a disclosure package:
  - i. Schedule A for corporate entities, and
  - ii. Schedule B for individuals.
2. Each associated person must also receive:
  - i. A copy of the “Instructions” pages,
  - ii. A copy of the “Instructions, Schedule A & B” pages
  - iii. A copy of the “Consent to Release Information: Associated Person Disclosure”.

### D. COMPLETING THE DISCLOSURE PACKAGE

1. Read the “Instructions” pages carefully, they contain information required to complete the disclosure package.
2. Ensure that an individual associated person’s partner completes and signs the “Consent to a Criminal Records and Credit Bureau Records check”.
3. Ensure that the “Consent to Release Information: Associated Persons” is completed, signed and witnessed.



**SCHEDULE A:  
ASSOCIATED PERSONS DISCLOSURE – CORPORATE ENTITIES**

This Schedule A is completed on behalf of: \_\_\_\_\_  
**Applicant** for AGSP Designation

1. Associated Person's Legal Name: \_\_\_\_\_

2. Relationship to Applicant: \_\_\_\_\_

3. Is Associated Person a publicly-traded company?  
 No  Yes, provide ...Stock Symbol: \_\_\_\_\_ Traded on: \_\_\_\_\_

4. Business Address:.....Street: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_ Website: \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

5. Mailing Address: .....Street/Box: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_  
Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

6. Company Representative to contact regarding **all matters**:  
 Same as **Applicant**, or  
Name: \_\_\_\_\_  
Position: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_  
Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

7. List all:

- i. Owners,
  - ii. Partners (in a partnership),
  - iii. Parent or holding companies,
  - iv. Shareholders that as a result of ownership of shares in the associated person, directly or indirectly controls 5% or more of the shares in the **Applicant**, or
  - v. Any person that as a result of a financial interest in the associated person, directly or indirectly has a financial interest of 5% or more in the **Applicant**,
- i. For each individual listed, provide full name, position (association); for all other persons provide full company name and relationship.
  - ii. For shareholders/partners, indicate number and percentage of share holdings/units held by each.
  - iii. Each company listed must complete and sign a Schedule A form; each individual must complete and sign a Schedule B form. Criminal records checks and credit bureau checks will be completed on each company/individual completing a schedule.
  - iv. For publicly traded companies only, shareholders/partners of 5% or less are not required to complete a Schedule; **however, these must be listed.**

Individual/Person Name	Position or Relationship	% of Ownership	Number of Shares/Units Held and %

8. List all directors and officers. Provide full name, position or relationship, and the individual and position each director or officer reports to. Schedule B's must be provided for each.

Name	Position or Relationship	Individual & Position Reporting to:

9. Total Number of Employees: \_\_\_\_\_

10. List all key employees. Provide full name and position for each and individual and position each key employee reports to. Schedule B's must be provided for all individuals listed.

Name	Position or Relationship	Individual & Position Reporting to

**11. FINANCIAL INFORMATION**

- i. Attach copies of financial statements for the last two (2) years. .... Attachment # \_\_\_\_\_
- ii. Attach a year to date financial statement. Include a balance sheet and income statement up to the most recent month-end, and an aged accounts receivable and accounts payable listing for the same period. .... Attachment # \_\_\_\_\_
- iii. Attach copies of completed income tax returns for the last two (2) years for each jurisdiction in which the Associated Person is required to file. Include all schedules, information slips and assessment/reassessment notices. .... Attachment # \_\_\_\_\_
- iv. If the associated person is operating in jurisdictions outside of Canada or the United States, provide a credit bureau report completed within the last month for each jurisdiction. .... Attachment # \_\_\_\_\_

**12. CRIMINAL / LITIGATION INFORMATION** – Has the **applicant** ever been investigated for, charged with or convicted of a criminal offence or other violation of any statute, regulation or code?

Answer “**Yes**” and provide all information **even if** The charges were dismissed or subsequently downgraded to a lesser charge, or the associated person was not convicted.

Answer “**No**” if any records relating to a charge or conviction have been expunged or otherwise officially sealed by a court or government agency.

No  Yes, provide:

Date	Reason for Investigation, Charge or Conviction	Disposition and Sentence	Enforcement Agency Name and Location

- |   |   |
|---|---|
| <p><b>A.</b> An applicant may not be eligible to receive an AGSP designation if the character, financial history or competence of the applicant or any associated person (including but not limited to an owner, shareholder, director, officer or key employee) poses a threat to the integrity of gaming.</p> <p><b>B.</b> Enquiries will be made to determine if the applicant or any associated person has ever been charged with or convicted of, or is subject to pending charges for a criminal, regulatory, civil or other statutory offence.</p> | <p><b>C.</b> The applicant and all associated persons must provide full disclosure of all criminal and civil proceedings.</p> <p><b>D.</b> Failure to disclose any such involvement will be taken into account when assessing the applicant’s eligibility for an AGSP designation.</p> <p><b>E.</b> The particulars of any offence or claim and the sentence or penalty imposed will be reviewed to determine whether a conviction or charge affects the applicant’s eligibility for an AGSP designation.</p> |
|---|---|

**Whereas the Associated Person** will be involved in a sensitive position of trust, a criminal record check and credit bureau records check will be conducted on the Associated Person.

**Consent to a Criminal Records and Credit Bureau Records checks by signing below.**

\_\_\_\_\_  
Signature – President/Owner – Associated Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Witness

\_\_\_\_\_  
Date

## SCHEDULE B: ASSOCIATED PERSONS DISCLOSURE – INDIVIDUALS

This Schedule B is completed on behalf of: \_\_\_\_\_  
**Applicant** for AGSP Designation

AND/or: \_\_\_\_\_  
**Associated Person (Corporate Entity)**

1. Associated Person's Full Legal Name: \_\_\_\_\_  
Last Name | First Name | Middle Name

2. Birth date: 19 \_\_\_\_\_  
Year | Month | Date

3. Attach a true copy of birth certificate..... Attachment # \_\_\_\_\_

4. Place of Birth: \_\_\_\_\_  
City | Province | Country

5. Citizenship: \_\_\_\_\_

6. Gender:  Male  Female

7. Social Insurance Number: \_\_\_\_\_

8. Home Street Address: \_\_\_\_\_ Since date: \_\_\_\_\_  
City: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

9. List all aliases and/or name changes, legal or otherwise; include nicknames or maiden name, and the date changed.

Last Name	First Name	Middle Name	Date Changed

10. I am  Married  Common Law  Co-habiting  Engaged  Divorced  Separated  Widowed  Single

11. If married, common law, co-habiting or engaged, provide the following:

i) Partner's full legal name: \_\_\_\_\_  
Last Name | First Name | Middle Name

ii) Birth date: 19 \_\_\_\_\_  
Year | Month | Date

iii) Social Insurance Number: \_\_\_\_\_

iv) List all aliases and/or name changes, legal or otherwise; include nicknames or maiden name, and the date changed.

Last Name	First Name	Middle Name	Date Changed

**12. Individual to contact regarding all matters related to this Associated Persons Disclosure – Individuals:**

Associated Person **ONLY**,

**OR** Individual's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

If an individual, other than the associated person is named above, the associated person must sign (and have witnessed) below to indicate agreement.

**I AUTHORIZE AGLC** to contact and discuss any aspects of this disclosure with the individual names above:

_____ Signed by (Associated Person)	_____ Date
_____ Witnessed by	_____ Date

**13. FINANCIAL INFORMATION**

i. Attach copies of completed income tax returns for the last two (2) years for each jurisdiction in which the Associated Person is required to file. Include all schedules, information slips and assessment/reassessment notices. .... Attachment # \_\_\_\_\_

**14. CRIMINAL / LITIGATION INFORMATION –** Has the associated person ever been investigated for, charged with or convicted of a criminal offence or other violation of any statute, regulation or code?

Answer “**Yes**” and provide all information **even if** The charges were dismissed or subsequently downgraded to a lesser charge, or the associated person was not convicted.

Answer “**No**” if any records relating to a charge or conviction have been expunged or otherwise officially sealed by a court or government agency.

No  Yes, provide:

Date	Reason for Investigation, Charge or Conviction	Disposition and Sentence	Enforcement Agency Name and Location

**15. Do you and/or your partner reside outside of Canada for a period of six (6) months or more at a time?**

No  Yes, attach a criminal record check from the local police agency in each jurisdiction for both you and your partner. .... Attachment(s) # \_\_\_\_\_

- A. An applicant may not be eligible to receive an AGSP designation if the character, financial history or competence of the applicant or any associated person (including but not limited to an owner, shareholder, director, officer or key employee) poses a threat to the integrity of gaming.
- B. Enquiries will be made to determine if the applicant or any associated person has ever been charged with or convicted of, or is subject to pending charges for a criminal, regulatory, civil or other statutory offence.
- C. The applicant and all associated persons must provide full disclosure of all criminal and civil proceedings.
- D. Failure to disclose any such involvement will be taken into account when assessing the applicant's eligibility for an AGSP designation.
- E. The particulars of any offence or claim and the sentence or penalty imposed will be reviewed to determine whether a conviction or charge affects the applicant's eligibility for an AGSP designation.

**Whereas the Associated Person** will be involved in a sensitive position of trust, a criminal record check and credit bureau records check will be conducted on the Associated Person and their partner.

**Consent to a Criminal Records and Credit Bureau Records checks by signing below.**

Signature– Associated Person	Date
Signature – Associated Person’s Partner	Date
Signature - Witness	Date

## CONSENT TO RELEASE INFORMATION: ASSOCIATED PERSON DISCLOSURE

**Associated Person's Name:** \_\_\_\_\_

Alberta Gaming, Liquor & Cannabis (AGLC) conducts background checks and collects information to determine the eligibility of Applicants for approved gaming service provider ("AGSP") designation. This consent form will allow AGLC to verify and investigate the information provided by the Associated Person in the Schedule A or B– Associated Persons Disclosure form (the "Disclosure form"). AGLC is required under the *Freedom of Information and Protection of Privacy Act*, R.S.A. 2000, c.F-25 to protect the confidentiality of personal information and to use and disclose the information only for the purpose for which it was collected.

1. I hereby authorize AGLC to verify all information provided in the Disclosure form to which this consent form is attached.
2. I executed the Disclosure form with the knowledge that it is an official document and that failure to disclose or provide complete and accurate information on any portion of it may result in the Applicant being rejected for an AGSP designation by AGLC. I am further aware that later discovery of an omission or misrepresentation may be grounds for any designation to be suspended or revoked.
3. For the purposes of this Consent to Release Information, I acknowledge that the Associated Person has, or has had, an interest in any company or person if it currently has or has previously had any interest by way of ownership, financial or management.
4. I authorize AGLC to share or exchange the information I have provided only with those persons listed in clause 5, 6 or 7 below and only for the purposes of verifying or confirming the accuracy of the information.
5. I hereby authorize and request the following persons to whom this consent form is presented,
  - i) Canadian Customs and Revenue Agency, or the United States Internal Revenue Service, or other equivalent foreign taxing authority;
  - ii) any financial institutions, foreign or domestic, including banks, credit unions, trust companies, investment dealers or brokerage houses; or
  - iii) credit reporting agencies, foreign or domestic,

to release information to AGLC and permit AGLC to review and obtain copies of any and all documents, records or correspondence, including but not limited to, past loan information, notes signed or co-signed by me, account records of any type, passbooks, safety deposit records, and general ledger folios or entries, that are, or may be relevant to verifying my total income, sources of income, assets and liabilities.



6. I hereby authorize and request the following persons to whom this consent form is presented,

- i) any law enforcement agency, police service or sheriff's office, foreign or domestic;
- ii) any gaming commission, or other regulatory, licensing or administrative body foreign or domestic; or
- iii) any federal, provincial, state, or municipal government, foreign or domestic,

to release information to AGLC and permit AGLC to review and obtain copies of any and all documents, records or correspondence, that are, or may be relevant to determining the Applicant's eligibility for an AGSP designation, or whether or not the Applicant may be a detriment to the integrity or lawful conduct of gaming activities, by verifying whether or not

- iv) The Associated Person has acted, or is alleged to have acted, or any company in which the Applicant has an interest in has acted, or is alleged to have acted in any manner not in accordance with federal, provincial, state, or municipal law;
- v) Any kind of gaming or facility licence of which the Associated Person held an interest in was refused, cancelled or suspended in any other jurisdiction;
- vi) The Associated Person, or any licensee of which the Associated Person held an interest in, received any fines or other sanctions in another jurisdiction pursuant to any gaming, securities, financial or criminal legislation or policy; or
- vii) The Associated Person has connections, business or personal, with other individuals or corporations who may have acted, or who are alleged to have acted in any manner not in accordance with federal, provincial, state or municipal law or who have been subject to any investigations referred to in vi) above.

7. I hereby authorize and request all law enforcement agencies, foreign or domestic, to whom this consent form is presented having documents relating to or concerning the Associated Person to permit AGLC to conduct a criminal records check, and obtain, review and copy any such documents.

8. I acknowledge that the Associated Person shall not be entitled to make any claim against a party to whom this consent form is presented in respect of the release of information or documents in good faith to AGLC.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_, A.D., 20 \_\_\_\_\_

\_\_\_\_\_  
Associated Person Signature (Individual) or  
Associated Person Signature/Company Owner or  
President Signature

\_\_\_\_\_  
PRINTED Title