

50 Corriveau Avenue
 St. Albert, Alberta T8N 3T5

 Toll-Free: 1-855-506-1066 ext. 6 Bingo and Pull Ticket: 780-651-7600 ext. 6
 Fax: 780-447-8911 or 780-447-8912 Email: gaming.licensing@aglc.ca

BINGO ASSOCIATION			
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: _____	

MAILING ADDRESS OR NAME AND ADDRESS TO WHERE FUTURE CORRESPONDENCE SHOULD BE MAILED IF DIFFERENT THAN ABOVE			

			Postal Code
		()	()
		Phone	Fax

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 Signature			Association Representative's (Admin) Signature		
_____			_____		
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 _____			Res. Phone _____		
Bus. Phone _____		Bus. Phone _____		Fax _____	
()		()		()	
Email Address: _____			Email Address: _____		

LIST OF PERSONS WHO CAN REQUEST AMENDMENTS TO BINGO PROGRAMS, SCHEMES, FACILITY LICENCE OR PULL TICKET LICENCE (CBH 3.5.12)			
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.

BINGO FACILITY LICENCE DETAILS

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

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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