

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 _____ Email

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

_____ 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 Signature	Association Representative's (Admin) Signature
_____	_____
Print Full Name _____	Print Full Name _____
Mailing Address _____	Mailing Address _____
_____ Postal Code _____	_____ 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 (CBH 3.5.12)

POSITION	NAME	CONTACT PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

CONTINUED

PROTECTED B WHEN COMPLETED

THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION:

- Association Membership, which includes the Bingo Representative name, address, business and residence phone and fax number.
- 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 - \$30.00/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 _____

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. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Lease Agreement | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Attorney and Law Firm representing the Bingo Association | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Accountant and Accounting Firm representing the Bingo Association | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Business organizations, other entities or individuals which hold ANY financial interest in this Association | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.

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:

AGLC
 50 Corriveau Avenue
 St. Albert, Alberta T8N 3T5
 Telephone: 780-447-8600 Toll-free: 1-800-272-8876