

## Bingo Association

### Bingo Facility Licence Application

TO AVOID APPLICATION DELAYS IT IS MANDATORY TO COMPLETE THE FOLLOWING FIELDS

Bingo Association			
Association's Full Name (Print)			
Association's Address			
City/Town		Province	Postal Code
<b>AGLC requires an organization communication contact email address for purposes of sharing and collecting important information related to charitable gaming licensing, policies and processes.</b>			
Contact	Business Phone		Email
Mailing Address (Address where future correspondence should be mailed if different than above)			
City/Town		Province	Postal Code
Phone	Email		
Authorization for Application			
The undersigned confirms a) they are authorized to make this application b) all information on or related to this application is current and accurate, and c) they will provide any information regarding the approved gaming bank account to AGLC upon request.			
President's Signature		Association Hall Manager Signature	
Legal Last Name		Legal Last Name	
Legal First Name		Legal First Name	
Legal Middle Name		Legal Middle Name	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose		Gender <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose	
Mailing Address		Mailing Address	
City/Town		Province	Province
Postal Code	Contact Phone	Postal Code	Contact Phone
Email		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 provide identification.
- ☐ Total number of events Association will operate during the full two year licence period. 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.

**Retain copies of all documents submitted to Alberta Gaming, Liquor & Cannabis**

**AGLC Contact Information**

50 Corriveau Avenue  
St. Albert, Alberta T8N 3T5

Phone: 780-651-7600  
Toll-Free: 1-855-506-1066

website: [aglc.ca](http://aglc.ca)  
Email: [gaming.licensing@aglc.ca](mailto:gaming.licensing@aglc.ca)