

## Casino Licence Application

This form may be obtained from our website: [aglc.ca](https://aglc.ca)

Before completing the attached licence application form, read the following information:

The attached casino licence application is comprised of three separate sections (Casino Event Details, Electronic Funds Transfer (EFT) Request, and Volunteer Worker Applications) and must be completed in full prior to submission. Incomplete applications will be returned to the organization and can result in processing delays. **The completed Casino Licence Application must be submitted at least sixty (60) days prior to the scheduled casino event.**

### CASINO EVENT DETAILS

Ensure all sections of the licence application are completed in full by completing the checklist on page 2 prior to submission.

The Casino Licence will be emailed to the Casino Chairperson. The licence must be displayed at the casino facility for the duration of the event.

For Casino Terms and Conditions please refer to <https://aglc.ca/documents/casino-terms-conditions-and-operating-guidelines>

### ELECTRONIC FUNDS TRANSFER (EFT) REQUEST & BANKING INFORMATION

To ensure deposit of pooling revenue into the organization's designated casino bank account, each organization must provide accurate casino bank account information by completing the included EFT form in full and attaching an unaltered photocopy of the VOID cheque for the casino bank account. The cheque must be preprinted with the legal name of the group or bank verification will be required.

### VOLUNTEER WORKER APPLICATIONS (VWA)

Each volunteer working in one of the key positions must complete and submit a Volunteer Worker Application (VWA). A minimum of five (5) VWAs must be submitted with the Casino Licence Application. Key positions must be filled by bona fide members of the licensed charities.

### AGLC INTERNET ACCOUNT

Online web-based services are currently available to registered AGLC charitable gaming organizations. To access AGLC's secure web application services, to complete the [Internet Account Request Form](#) available on AGLC web site at [aglc.ca](https://aglc.ca). The list of services available to charitable gaming organizations include the ability: to issue raffle licences with a total ticket value \$20,000 or less; a list of gaming licences; organization contact list; current use of proceeds list; and the ability to submit the respective raffle financial forms online.

### LICENSING INFORMATION

Alberta Gaming, Liquor & Cannabis (AGLC) is responsible for administering and regulating the gaming industry in Alberta, including the licensing of charitable gaming activities. Only eligible charities or religious groups are licensed.

To apply for a licence, the application form must be complete, and all required supporting documents must be submitted for review. The information must be correct and up-to-date. This will minimize delays in processing requests.

- Conducting a gaming event without a licence is a Criminal Code offence.
- All required financial reports must be up-to-date before new applications are processed.

AGLC must approve any changes to the approved licence or approved use of proceeds.

### CANCELLATION OF CASINO EVENT

Cancellation or withdrawal of a casino event must be submitted in writing to AGLC, signed or emailed by one volunteer elected executive. This should be done as soon as possible so that a replacement group can be found.

## USE OF GAMING PROCEEDS

Gaming proceeds must only be used for AGLC approved uses essential to the delivery of the group's charitable or religious program in accordance with AGLC Charitable Gaming Policies Handbook (CGPH). For more information contact Use of Proceeds at 1-855-506-1066 or at [gaming.useofproceeds@aglc.ca](mailto:gaming.useofproceeds@aglc.ca).

Disbursement of gaming proceeds must be made within 36 months of receipt of the proceeds. Any extension of this time period must have prior written approval.

### The following uses require prior approval:

- Bursaries and Scholarships
- Community Events over \$100,000
- Donations (exceeding certain thresholds)
  - Over \$25,000 to non-AGLC licensed groups
  - Over \$10,000 to groups outside Alberta
  - Over \$5,000 to groups outside Canada
- Emergency Funds
- Endowment Funds
- Facility
- Vehicles
- Wages, Salaries, Fees for Service, Honorariums

## PROTECTION OF PRIVACY

The personal information requested on this form is collected under the authority of Section 4(c) of the Alberta *Protection of Privacy Act*. It will be used for the administration of all policies and processes relating to Charitable Gaming Licensing. Automated systems may be used for internal analytics and/or support. If you have any questions, please contact our Privacy Officer at [privacy@aglc.ca](mailto:privacy@aglc.ca) or via mail: AGLC, 50 Corriveau Avenue, St. Albert, AB T8N 3T5.

Casino Licence Application Checklist
<i>To process your application efficiently, please ensure the following information is included:</i>
Page 3 <input type="checkbox"/> Group information (legal name, address, etc.) <input type="checkbox"/> Casino Chairperson (may be contacted for clarification of this application) <input type="checkbox"/> Casino location and casino dates
Page 4 <input type="checkbox"/> The President, Vice President, Treasurer or Secretary must sign the Authorization for Application.
Page 4 <input type="checkbox"/> Casino bank account number <input type="checkbox"/> Staffing – volunteer key position – list individuals working in the following key positions: General Manager, Alternate General Manager, Banker, Count Room Supervisor & Cashier <input type="checkbox"/> Registered Advisor name(s)
<b>Electronic Funds Transfer</b> Page 5 - This form is used to verify the casino account for an electronic funds transfer of the pool payout. <input type="checkbox"/> Electronic Funds Transfer (EFT) Request <i>must</i> be completed in full and signed by the volunteer elected President or Treasurer. <input type="checkbox"/> The full legal name of the group is required. Abbreviations will not be accepted. <input type="checkbox"/> A preprinted, unaltered photocopy of the VOID cheque for the casino bank account <i>must</i> be attached.
<b>Volunteer Worker Application Forms</b> (please print clearly) <input type="checkbox"/> Volunteer Worker Application forms must be completed in all areas, including the criminal record question. <ul style="list-style-type: none"><li>• Volunteer Worker Application forms are required for each key position volunteer <i>only</i>.</li></ul>
<b>Submit only one copy of your completed Casino Licence Application, including the EFT form with the pre-printed, unaltered, photocopy of the VOID cheque and Volunteer Worker Applications forms by mail, fax or email approximately 60 days prior to your casino events.</b>

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

## Casino Licence Application

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The application must be submitted **by email or fax approximately 60 days prior to the casino event.**

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

Application Date Completed: (YY/MM/D)		AGLC ID #:	
Organization Name: (as it appears on the Certificate of Incorporation)			
Organization Legal 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. Please ensure this email is current.</b>			
Organization Communication Contact Email:			

Mailing Address (if different than legal)			
Address:			
City/Town	Province	Postal Code	

Casino Chairperson (For correspondence – may be contacted for clarification of this application)			
Legal Last Name		Legal First Name	
Legal Middle Name		Preferred Name	
Date of Birth (YY/MM/DD)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to	
Mailing Address	City/Town	Province	Postal Code
Contact Phone		Email	

Casino Location:	Dates of Event:
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### Authorization for Application – Volunteer Elected Executive

The undersigned confirms a) they are authorized to make this application and b) all information on or related to this application is current and accurate.

Volunteer Elected Executive Signature		Position Held	
Legal Last Name		Legal First Name	
Legal Middle Name	Preferred Name		Date of Birth (YY/MM/DD)
Mailing Address			
City/Town		Province	Postal Code
Contact Phone		Email	

### Casino Bank Account

You may use an existing casino account for each approved casino event. The account shall have chequing privileges, and monthly return of cancelled cheques. All casino revenue shall be deposited into this account, and all payments are made by cheque. **Note: This section MUST be completed to match the information listed on the group's void cheque.**

Name of Financial Institution (bank, credit union, etc.)

Institution Code

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Transit Number

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Account Number

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### Staffing – Volunteer Key Positions

(General Manager, Alternate General Manager, Banker, Count Room Supervisor and Cashier)

Volunteers in key positions must be a Bonafide member of the organization. A minimum of five (5) names **must be** provided.

**A Casino Volunteer Worker Application form must be submitted for each volunteer in a key position.**


### Registered Advisors

Only individuals currently registered with AGLC may work as Games Managers, Advisors, Pit Staff and Dealers. Licensed charities hire independent registered Advisors to ensure compliance with AGLC, Gaming, Liquor and Cannabis Act, Liquor and Cannabis Regulation and Board Policies.

\* Registered Cash Cage Advisor Name:

Registered Count Room Advisor Name:

### AGLC Contact Information

50 Corriveau Avenue

St. Albert, Alberta T8N 3T5

Phone: 780-651-7600 ext. 7

Fax: 780-447-8911 or 780-447-8912

Toll Free: 1-855-506-1066 ext. 7

Website: [aglc.ca](http://aglc.ca)

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

## Electronic Funds Transfer Request (EFT)

### Please identify the purpose for this application

☐ Charitable Organization ☐ Liquor Agent/Supplier ☐ Vendor ☐ Other (specify):

Is this a change to an existing account? ☐ Yes ☐ No

For Liquor Agent/Supplier, please provide Payee #:

### Payee Information

Full Legal Operating Name: (Please print)

Street Address

City/Town

Province

Postal Code

Telephone:

Email\*:

Contact Person:

Website:

*\* will be used for electronic payment remittance (not applicable for Liquor Agent/Supplier)*

### Financial Information - Electronic Funds Transfer is only available for Canadian Bank Accounts

Name of Financial Institution

Street Address

City/Town

Province

Postal Code

I am authorized to sign on behalf of the Payee and direct payment to be made to the account at the financial institution specified on this form. For Charitable Organizations, this must be the President and/or Treasurer of the organization.

Printed Name

Title

Signature

Date

**This form must be accompanied with a copy of a voided cheque or a bank account verification letter on bank letterhead.**

### AGLC use only

Originating Department

Printed Name

Date

JDE Number

Casino Name

Event Date