

Eligibility for Gaming Licence

This form may be obtained from our website: aglc.ca

AGLC licenses and regulates the gaming industry in Alberta, including the licensing of charitable gaming activities.

The Criminal Code (Canada) requires that groups participating in charitable gaming are charitable and that the money earned from charitable gaming is directed to charitable purposes.

These four criteria are used to determine "what is a charitable purpose":

- ✓ Relief of poverty
- ✓ Advancement of education
- √ Advancement of religion
- ✓ Other purposes beneficial to the community

In order to be eligible to hold charitable gaming activities, a group must have a broad-based volunteer membership, a democratically chosen executive, and unpaid members and directors. Groups must demonstrate that they offer programs that benefit the broader community and not the self-interest of members.

A complete application form with current information including all requested supporting documents will prevent delays in processing the application. You will receive an answer in writing of the eligibility decision.

Applicants found eligible for gaming licensing may be subject to an eligibility review at any time to ensure continued compliance with AGLC policies.

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 QUESTION 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.

AGLC Contact Information		
50 Corriveau Avenue	Phone: 780-447-8600	Website: aglc.ca
St. Albert, Alberta T8N 3T5	Toll Free: 1-800-272-8876	Email: gaming.licensing@aglc.ca





Eligibility for Gaming Licence

Complete this Eligibility Application for Casino, Association Bingo, Raffle more than \$20,000 and Pull Ticket A record of active program delivery is required.

What are you applying for? ☐ Casino	☐ Associa	ation Bingo	o 🗆	Raffle n	nore than \$20,000	☐ Pull Ticket
Organization Name:				Ap	oplication Date Cor	mpleted: (yy/mm/dd)
Organization Legal Address:						
City/Town			Province	<u>,</u>		Postal Code
Organization Phone	Organization	Email			Organization Wel	osite
Incorporated Under: Societies Act	☐ Companie	s Act 🗆	Other: Sp	ecify:		
Incorporation Number:	Incor	poration [Date:	How lo	ng has organizatio	n existed?
Number of Members:	•	Nu	ımber of	Executiv	/es	
		J				
Mailing Address (if different than le	gal)					
Address:						
City/Town			Province	, ,		Postal Code
						,
Casino/Bingo/Raffle/Pull Ticket Cha	airperson (ma	ay be con	tacted fo	or clarif	ication of this ap	plication)
Full Name: (Please print)			Date of Birth ((yy/mm/dd)	
Mailing Address					I	
City/Town			Province	<u>,</u>		Postal Code
Contact Phone:	Email	l:				



Authorization for Application					
WE CERTIFY THAT: all information and documents supplied are correct, and the group has authorized us to make this application.					
Executive #1 Signature		Executive #2 Signature			
Full Name (Please print)		Full Name (Please print)			
Date of Birth (yy/mm/dd)		Date of Birth (yy/mm/dd)			
Position Held		Position Held			
Mailing Address		Mailing Address			
City/Town		City/Town			
Province	Postal Code	Province	Postal Code		
Contact Phone		Contact Phone			
Email		Email			

Keep copies of all documents submitted to AGLC for your organization's records.

Community Benefit Statement
1. What is the group's primary purpose and objective(s)?
2. Please provide a list of all programs provided by the group in the past one (1) year. For each program listed, provide a
detailed description of what the program entails, the program's benefit to the public and members, where and when the program was delivered, who conducted the program, who the program recipients were, how many people were involved in the program, as well as any documentation demonstrating actual delivery of the program.
3. Who determines what activities/programs the group delivers (i.e., Board of Directors, Governing Body, Government, etc.)?
4. a) Is the group affiliated with any other organization (parent group, governing body, government service, etc.)?
Yes □ No If yes, what group?
b) If the group is a Provincial or regional governing body, please explain the structure of the group, how funds
flow throughout the group and any common programs.
5. If you are an amateur athletic group, describe the programs specifically for youth; adults; seniors; and/or the disabled. To which sport governing body does the group belong?
6. How does the group generate income? What funding do you receive? (e.g. rent, product sales, user fees, etc.)
(3.8. 10.1.) product sures, and 10.1.



List of Elected Executive

Date Completed:
Date completed

AGLC requests a communication contact email address for purposes of sharing or requesting important information

related to charitable gaming licensing.	Please ensure this email is updated.				
Communication Contact Email					
Group Name	Group Name		AGLC ID Number		
Mailing Address	City/Town	Province	Postal Code		
Website	I				
Volunteer elected executive positions (i.e., parent, child, brother and sister), more than one executive positions un	, marriage, common-law partnership o	or adoption. One indivi	dual must not hold		
Volunteer Elected President					
Full Name (Please print)		Date of Birth (year/month/day)			
Mailing Address	City/Town	Province	Postal Code		
Contact Phone	Email				
Volunteer Elected Treasurer					
Full Name (Please print)		Date of Birth (year/month/day)		
Mailing Address	City/Town	Province	Postal Code		
Contact Phone	Email				
Volunteer Elected Secretary					
Full Name (Please print)			Date of Birth (year/month/day)		
Mailing Address	City/Town	Province	Postal Code		
Contact Phone	Email				
Voluntaar Flacted Vice Brasidant					
Volunteer Elected Vice President Full Name (Please print)		Date of Birth (year/month/day)			
Mailing Address	City/Town	Province	Postal Code		

Email

Contact Phone

Volunteer Elected Secretary/Treasure	er (II applicable)				
Full Name (Please print)	ıll Name (Please print)		Date of Birth (year/month/day)		
Mailing Address	City/Town	Province	Postal Code		
Contact Phone	Email				
	l				
Casino Chairperson					
Full Name (Please print)		Date of Birth (y	year/month/day)		
Mailing Address	City/Town	Province	Postal Code		
Contact Phone	Email				
Bingo Chairperson					
Full Name (Please print)		Date of Birth (y	/ear/month/day)		
Mailing Address	City/Town	Province	Postal Code		
Contact Phone	Email				
Raffle Chairperson					
Full Name (Please print)		Date of Birth (year/month/day)			
Mailing Address	City/Town	Province	Postal Code		
Contact Phone	Email				
Pull Ticket Chairperson Full Name (Please print)		Date of Birth (year/month/day)			
Mailing Address	City/Town	Province	Postal Code		
Contact Phone	Email				
Position Held					
Full Name (Please print)	me (Please print)		Date of Birth (year/month/day)		
Mailing Address	City/Town	Province	Postal Code		
Contact Phone	Email				

AGLC Contact Information

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