

ELIGIBILITY FOR GAMING LICENCE

50 Corriveau Avenue
St. Albert, Alberta T8N 3T5

Phone: 780-447-8600 Toll-Free: 1-800-272-8876
Fax: 780-447-8911 or 447-8912
Website: aglc.ca Email: gaming.licensing@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 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.

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**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 Association Bingo Raffle More Than \$20,000 Pull Ticket

Application Date Completed: yy | mm | dd

ORGANIZATION NAME: (as it appears on the Certificate of Incorporation)

Organization's Legal Address: _____ Mailing Address: (if different than legal) _____

City _____ Province _____ Postal Code _____ City _____ Province _____ Postal Code _____

Organization Phone _____ Organization Email _____ Organization Website _____

Incorporated Under: Societies Act Companies Act Other *specify* _____

Incorporation Number: _____ Incorporation Date: _____ How long has organization existed? _____ # of Members: _____ # of Executive: _____

CASINO/BINGO/RAFFLE/PULL TICKET CHAIRPERSON (may be contacted for clarification of this application)

Print Full Name: _____ Date of Birth: yy | mm | dd

Mailing Address: _____
_____ Postal Code _____

Contact Phone: _____ Email: _____

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: _____

Print Full Name: _____ Date of Birth: yy | mm | dd

Position Held: _____

Mailing Address: _____
_____ Postal Code _____

Contact Phone: _____ Email: _____

Executive #2 Signature: _____

Print Full Name: _____ Date of Birth: yy | mm | dd

Position Held: _____

Mailing Address: _____
_____ Postal Code _____

Contact Phone: _____ Email: _____

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

COMMUNITY BENEFIT STATEMENT

1. 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.

2. How do your programs benefit the community at large?

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 adults; specifically for seniors and/or the disabled; describe any other programs.

6. What funding do you receive? (e.g. grants, rent, product sales, user fees, etc.)

7. a) What portion of your program is funded by Government? _____
b) What portion of your program is dictated by Government? _____

8. a) If the group owns or rents a facility, provide a Land Title Certificate or Lease Agreement.
b) Provide documentation on any sources of funding in regards to the facility.

9. If the group provides a facility, please provide a percentage breakdown of the yearly facility usage by members and non-members. What are the rental fees for members? What are the rental fees for non-members?

10. Please provide information on any other groups or organizations within the same facility, and provide information on any shared costs.

In order to determine your group's eligibility for a gaming licence, please provide the following information. Please ensure all questions are answered in detail. Your application will not be processed if the information has not been completed and/or supporting documents have not been included (*attach additional pages if necessary*).

- Minutes from a recent executive or general meeting showing a motion authorizing the application.
- Copy of groups operating bylaws. Note: Bylaws from Alberta Registries must show the Corporate Registry "FILED" stamp.
- Current executive list, including addresses and telephone numbers. Use List of Elected Form 5471 attached.
- Current voting membership list, including addresses and telephone numbers.
- Budget for the current year or proposed budget for upcoming fiscal year.
- Casino, Association Bingo, Pull Ticket and Raffle Total Ticket Value More Than \$100,000: Balance sheet, income and expense statements for the last one (1) year that prove the program has been operational for the minimum requirement of 12 months
- Land Title Certificate or Lease/Rental Agreement.

How do you propose to spend your gaming proceeds?



This form may be obtained from our website:
<http://aglc.ca>

Date Completed:

LIST OF ELECTED EXECUTIVE

50 Corriveau Avenue
St. Albert, Alberta T8N 3T5

Fax: 780-447-8911 or 447-8912 Website: aglc.ca Email: gaming.licensing@aglc.ca

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 and Mailing Address: _____

Website: _____

AGLC ID Number:

Executive positions may not be held by related members with the same surname, or the same residential address and/or the same residential phone number; and, one individual cannot hold more than one executive position unless permitted in the groups bylaws (e.g. Secretary/Treasurer).

PRESIDENT
Print Full Name: _____ Date of Birth:
Mailing Address: _____

Contact Phone: _____
Email: _____

TREASURER
Print Full Name: _____ Date of Birth:
Mailing Address: _____

Contact Phone: _____
Email: _____

SECRETARY
Print Full Name: _____ Date of Birth:
Mailing Address: _____

Contact Phone: _____
Email: _____

VICE PRESIDENT
Print Full Name: _____ Date of Birth:
Mailing Address: _____

Contact Phone: _____
Email: _____

SECRETARY/TREASURER (if applicable)

Print Full Name: _____ Date of Birth: / /
Mailing Address: _____
Contact Phone: _____
Email: _____

CASINO CHAIRPERSON

Print Full Name: _____ Date of Birth: / /
Mailing Address: _____
Contact Phone: _____
Email: _____

BINGO CHAIRPERSON

Print Full Name: _____ Date of Birth: / /
Mailing Address: _____
Contact Phone: _____
Email: _____

RAFFLE CHAIRPERSON

Print Full Name: _____ Date of Birth: / /
Mailing Address: _____
Contact Phone: _____
Email: _____

PULL TICKET CHAIRPERSON

Print Full Name: _____ Date of Birth: / /
Mailing Address: _____
Contact Phone: _____
Email: _____

POSITION HELD:

Print Full Name: _____ Date of Birth: / /
Mailing Address: _____
Contact Phone: _____
Email: _____