

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.

Your personal information is protected by Alberta's FOIP Act and can be reviewed upon request.

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

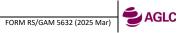
Complete this Eligibility Application for Casino, Association Bingo, Raffle more than \$20,000 and Pull Ticket A record of active program delivery is required.

What are you ap	plying for? 🗌 Casino		Association Bi	ngo 🗆	Raffle mo	ore than \$20,000	🗆 Pull Ticket
Organization Leg	al Name:				Арр	lication Date Comp	leted: (yy/mm/dd)
Organization Leg	al Address:				City	/Town	
Province	Postal Code	Commun	ication Conta	ict Email			
Incorporated Un	der: 🗆 Societies Act	: 🗆 Com	panies Act	🗆 Other: Sp	pecify:		
Incorporation Nu	imber:		Incorporatio	on Date:	How long	g has organization e	existed?
Number of Volun	nteer Voting Member	s:		Number of	Voluntee	r Elected Executives	
	s (if different than	legal)					
Address:							
City/Town				Province	2	ł	Postal Code
Casino/Bingo/F Full Name (Print)	Raffle/Pull Ticket C	hairperso	on (may be c	ontacted f	or clarific	ation of this appli	cation)
Full Name (Print)				Lasi			
Middle		Prefe	erred			Date of Birth (YY	//MM/DD)
Mailing Address							
City/Town				Province	2	1	Postal Code
Contact Phone:			Email:	1			



Authorization for Application							
WE CERTIFY THAT: all information and documents supplied are correct, and the group has authorized us to make this application. Completion of all fields is mandatory.							
Volunteer Elected Executive #	1 Signature	Volunteer Elected Executive #2 Signature					
Full Legal Name (Print)		Full Legal Name (Print)	Full Legal Name (Print)				
Date of Birth (YY/MM/DD)		Date of Birth (YY/MM/DD)					
Position Held		Position Held					
Mailing Address		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. 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, 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.)



. a) Does the group receive Government funding? \square Yes $\ \square$ No If yes, describe.	
) Does the group receive grants? Ves No If yes, list all current grants and describe the purpose for early th	ch.
a) If the group owns or rents a facility, provide a Land Title Certificate or Lease Agreement.	
 If the group has a facility, provide a description and record of facility usage (eg. calendar of events, booki summary, etc.) 	ings
 Provide information on any other groups or organizations within the same facility and provide informatic on any shared costs. 	on
How do you propose to spend your gaming proceeds?	
tow do you propose to spend your gaming proceeds?	

\Box Minutes from a recent executive c			
I IVIINUTES from a recent executive o	r peneral meeting	snowing a motion	
	- Beneral meeting		additioning the application.

□ Copy of groups operating bylaws.	Note: Bylaws from Alberta Registries must show the Corporate Registry "FILED"
stamp.	

□ Current volunteer executive list, including addresses and telephone numbers. Use List of Elected Form 5471 attached.

□ Current volunteer voting membership list, including addresses and telephone numbers.

 \Box Budget for the current year or proposed budget for upcoming fiscal year.

□ 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.

 \Box Fully completed application form with required signatures.



List of Elected Executive

Date Completed:

AGLC requests a communication contact email address for purposes of sharing or requesting important information related to charitable gaming licensing. Ensure this email is updated.

Communication Contact Email

Group Name		AGLC ID Number	
Mailing Address	City/Town	Province	Postal Code
Website		L	L

Volunteer elected executive positions may not be held by related members that are connected by birth relationship (i.e., parent, child, brother and sister), marriage, common-law partnership or adoption. One individual must not hold more than one executive positions unless permitted in the group's bylaws (e.g. secretary/treasurer).

Volunteer Elected President								
Legal Last Name		Legal First Name						
Legal Middle Name	Preferred	l Name		Date of	Birth (YY/MM/DD)			
Mailing Address	Ci	ty/Town	Pro	vince	Postal Code			
Contact Phone	Email							

Volunteer Elected Treasurer					
Legal Last Name		Legal First Name			
Legal Middle Name	Preferred			Date of	Birth (YY/MM/DD)
Mailing Address	Ci	ity/Town	Pro	vince	Postal Code
Contact Phone	Email				

Volunteer Elected Secretary					
Legal Last Name		Legal First Name			
Legal Middle Name	Preferred				Birth (YY/MM/DD)
Mailing Address	Ci	ity/Town	Pro	vince	Postal Code
Contact Phone	Email				



Volunteer Elected Vice President					
Legal Last Name		Legal First Name			
Legal Middle Name	Preferred	Name		Date of I	Birth (YY/MM/DD)
Mailing Address	Ci	ty/Town	Pro	vince	Postal Code
Contact Phone	Email				

Volunteer Elected Secretary/Treasurer (if applicable)						
Legal Last Name		Legal First Name				
Legal Middle Name	Preferred			Date of I	Birth (YY/MM/DD)	
Mailing Address	Ci	ity/Town	Pro	vince	Postal Code	
Contact Phone	Email					

Casino Chairperson					
Legal Last Name		Legal First Name			
Legal Middle Name	Preferrec	l Name		Date of I	Birth (YY/MM/DD)
Mailing Address	Ci	ty/Town	Pro	vince	Postal Code
Contact Phone	Email				

Bingo Chairperson					
Legal Last Name		Legal First Name			
Legal Middle Name	Preferred	d Name		Date of	Birth (YY/MM/DD)
Mailing Address	Ci	ity/Town	Pro	vince	Postal Code
Contact Phone	Email				

Raffle Chairperson					
Legal Last Name		Legal First Name			
Legal Middle Name	Preferrec				Birth (YY/MM/DD)
Mailing Address	Ci	ty/Town	Pro	vince	Postal Code
Contact Phone	Email				

Pull Ticket Chairperson						
Legal Last Name		Legal First Name				
Legal Middle Name	Preferred Name			Date of Birth (YY/MM/DD)		
Mailing Address	Ci	ty/Town	Pro	vince	Postal Code	
Contact Phone	Email				I	
Position Held						
Legal Last Name		Legal First Name				
Legal Middle Name	Preferred Name		Date of Birth (YY/MM/DD)			
Mailing Address	Ci	ty/Town	Pro	vince	Postal Code	
Contact Phone	Email		I		1	

AGLC Contact Information

50 Corriveau Avenue St. Albert, Alberta T8N 3T5 Phone: 780-651-7600 | Toll -Free 1-855-506-1066 Fax: 780-447-8911 or 447-8912 Email:

5-1066 Website: aglc.ca Email: gaming.licensing@aglc.ca