

## Eligibility for Gaming Licence

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

AGLC Contact Information		
50 Corriveau Avenue St. Albert, Alberta T8N 3T5	Phone: 780-447-8600 Toll Free: 1-800-272-8876	Website: <a href="http://aglc.ca">aglc.ca</a> Email: <a href="mailto:gaming.licensing@aglc.ca">gaming.licensing@aglc.ca</a>

## 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? <input type="checkbox"/> Casino <input type="checkbox"/> Association Bingo <input type="checkbox"/> Raffle more than \$20,000 <input type="checkbox"/> Pull Ticket
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Organization Legal Name:		Application Date Completed: (yy/mm/dd)
Organization Legal Address:		City/Town
Province	Postal Code	Communication Contact Email
Incorporated Under: <input type="checkbox"/> Societies Act <input type="checkbox"/> Companies Act <input type="checkbox"/> Other: Specify:		
Incorporation Number:	Incorporation Date:	How long has organization existed?
Number of Volunteer Voting Members:		Number of Volunteer Elected Executives

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

Casino/Bingo/Raffle/Pull Ticket Chairperson (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 disclose	
Mailing Address	City/Town	Province	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. Completion of all fields is mandatory.

Volunteer Elected Executive #1 Signature		Volunteer Elected Executive #2 Signature	
Full Legal Name (Print)		Full Legal Name (Print)	
Date of Birth (YY/MM/DD)		Date of Birth (YY/MM/DD)	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to disclose		<input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to disclose	
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. 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.)

7. a) Does the group receive Government funding? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe.
b) Does the group receive grants? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list all current grants and describe the purpose for each.
8. a) If the group owns or rents a facility, provide a Land Title Certificate or Lease Agreement.
9. If the group has a facility, provide a description and record of facility usage (eg. calendar of events, bookings summary, etc.)
10. Provide information on any other groups or organizations within the same facility and provide information on any shared costs.

### How do you propose to spend your gaming proceeds?

**In order to determine your group's eligibility for a gaming licence, provide the following information. 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 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.
 ☐ 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.
 ☐ Fully completed application form with required signatures.

Date Completed:

## List of Elected Executive

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			

**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 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 disclose	
Mailing Address	City/Town	Province	Postal Code
Contact Phone		Email	

### Volunteer Elected Treasurer

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 disclose	
Mailing Address	City/Town	Province	Postal Code
Contact Phone		Email	

### Volunteer Elected Secretary

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 disclose	
Mailing Address	City/Town	Province	Postal Code
Contact Phone		Email	

**Volunteer Elected Vice President**

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 disclose	
Mailing Address	City/Town	Province	Postal Code
Contact Phone		Email	

**Volunteer Elected Secretary/Treasurer (if applicable)**

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 disclose	
Mailing Address	City/Town	Province	Postal Code
Contact Phone		Email	

**Casino Chairperson**

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 disclose	
Mailing Address	City/Town	Province	Postal Code
Contact Phone		Email	

**Bingo Chairperson**

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 disclose	
Mailing Address	City/Town	Province	Postal Code
Contact Phone		Email	

Raffle Chairperson			
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 disclose	
Mailing Address	City/Town	Province	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)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to disclose	
Mailing Address	City/Town	Province	Postal Code
Contact Phone		Email	

Other Position			
Position Held			
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 disclose	
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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	Website: <a href="http://aglc.ca">aglc.ca</a> Email: <a href="mailto:gaming.licensing@aglc.ca">gaming.licensing@aglc.ca</a>