



UNITED WAY BINGO LICENCE APPLICATION

Always \$2500.00 or less Other (Community) Bingo

50 Corriveau Avenue
St. Albert, Alberta T8N 3T5

Toll-Free: 1-855-506-1066 ext. 6 Bingo and Pull Ticket: 780-651-7600 ext. 6
Fax: 780-447-8911 or 780-447-8912 Email: gaming.licensing@aglc.ca

APPLICATION MUST BE SUBMITTED AT LEAST FOUR (4) WEEKS PRIOR TO THE FIRST EVENT
PLEASE PRINT CLEARLY

Application Date Completed: <u> </u> <u> </u> <u> </u>	AGLC ID #: _____
ORGANIZATION NAME: United Way	

UNITED WAY LOCATION (please check one)									
<input type="checkbox"/> United Way of Calgary and Area (AGLC ID 68186) 600-105 12 Avenue SE Calgary, AB T2G 1A1 Ph: 403-231-6265	<input type="checkbox"/> United Way of Alberta Capital Region (AGLC ID 68190) 15132 Stony Plain Rd Edmonton, AB T5P 3Y3 Ph: 780-990-1000	<input type="checkbox"/> United Way of Fort McMurray (AGLC ID 19985) The Redpoll Centre at Shell Place 1 C.A. Knight Way Fort McMurray, AB T9H 5C5 Ph: 780-791-0077	<input type="checkbox"/> United Way of Central Alberta Society (AGLC ID 68187) 4811 48 Street Red Deer, AB T4N 1S6 Ph: 403-343-3900	<input type="checkbox"/> Other (AGLC ID _____) _____ _____ _____					
FOR AGLC USE ONLY: Incorporated Under: <input type="checkbox"/> Societies Act <input type="checkbox"/> Companies Act <input type="checkbox"/> Other <i>specify</i> _____ Incorporation Number: Incorporation Date: How long has organization existed? # of Members: # of Executive: <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="border-right: 1px solid black; width: 20%; height: 20px;"></td> <td style="border-right: 1px solid black; width: 20%;"></td> <td style="border-right: 1px solid black; width: 20%;"></td> <td style="border-right: 1px solid black; width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table>									

BINGO CHAIRPERSON <i>(Primary Contact - may be contacted for clarification of this application)</i>	
Print Full Name: _____	Date of Birth: <u> </u> <u> </u> <u> </u>
Business Address: _____ _____	
Postal Code	
Business Phone: _____	Cell Phone: _____
	Fax: _____
Email Address: _____	

HOST ORGANIZATION NAME AND LOCATION			
Organization Name: _____			
Organization Address: _____ _____			
Postal Code			
Business Phone: _____	Alt. Phone: _____	Fax: _____	
Email Address: _____			

Please complete the following checklist and include required supporting documentation:

<input type="checkbox"/> House Rules governing operation of bingo, including schedule of games and prize payouts for each individual game to be played.	<input type="checkbox"/> Letter of authority from United Way (ensure current year letter submitted).
<input type="checkbox"/> Copy of premises rental agreement (if applicable).	

Retain copies for your records of all documents submitted to AGLC

TYPE OF BINGO Please check (✓) one: <input type="checkbox"/> Email <input type="checkbox"/> Intranet <input type="checkbox"/> Live Bingo Event
<input type="checkbox"/> A single event to be held on _____, _____
<input type="checkbox"/> A series of events from _____, _____ to _____, _____
Total Number of Events to be held: _____

LOCATION WHERE BINGO BEING CONDUCTED
Location Name: _____
Street Address: _____
_____ Postal Code

EVENT/EXPENSES DETAILS - Use 24-hour clock	USE STANDARD PING PONG TYPE BALLS (Terms & Conditions Conduct of Bingo 2.6) EXPENSES PER EVENT:																								
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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.