

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

Submit

Clear

Print

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

Organization Name:		Application Date Completed: (yy/mm/dd)	
Organization Legal Address:			
City/Town		Province	Postal Code
Organization Phone	Organization Email	Organization Website	
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 Members:		Number of 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)

Full Name: (Please print)		Date of Birth (yy/mm/dd)
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.

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.)

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

<input type="checkbox"/> Minutes from a recent executive or general meeting showing a motion authorizing the application. <input type="checkbox"/> Copy of groups operating bylaws. Note: Bylaws from Alberta Registries must show the Corporate Registry "FILED" stamp. <input type="checkbox"/> Current executive list, including addresses and telephone numbers. Use List of Elected Form 5471 attached. <input type="checkbox"/> Current voting membership list, including addresses and telephone numbers. <input type="checkbox"/> Budget for the current year or proposed budget for upcoming fiscal year. <input type="checkbox"/> 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. <input type="checkbox"/> Land Title Certificate or Lease/Rental Agreement. <input type="checkbox"/> Fully completed application form with required signatures.
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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. Please ensure this email is updated.

Communication Contact Email

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

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			
Full Name (Please print)		Date of Birth (year/month/day)	
Mailing Address	City/Town	Province	Postal Code
Contact Phone	Email		

Treasurer			
Full Name (Please print)		Date of Birth (year/month/day)	
Mailing Address	City/Town	Province	Postal Code
Contact Phone	Email		

Secretary			
Full Name (Please print)		Date of Birth (year/month/day)	
Mailing Address	City/Town	Province	Postal Code
Contact Phone	Email		

Vice President			
Full Name (Please print)		Date of Birth (year/month/day)	
Mailing Address	City/Town	Province	Postal Code
Contact Phone	Email		

Secretary/Treasurer (if applicable)

Full Name (Please print)		Date of Birth (year/month/day)	
Mailing Address	City/Town	Province	Postal Code
Contact Phone	Email		

Casino Chairperson

Full Name (Please print)		Date of Birth (year/month/day)	
Mailing Address	City/Town	Province	Postal Code
Contact Phone	Email		

Bingo Chairperson

Full Name (Please print)		Date of Birth (year/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)		Date of Birth (year/month/day)	
Mailing Address	City/Town	Province	Postal Code
Contact Phone	Email		

AGLC Contact Information

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 St. Albert, Alberta T8N 3T5 Fax: 780-447-8911 or 447-8912 Email: gaming.licensing@aglc.ca