

This form may be obtained from our website:
aglc.ca

CASINO LICENCE APPLICATION

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

BEFORE COMPLETING THIS APPLICATION, PLEASE READ THE ATTACHED CASINO LICENCE GUIDELINES. THE APPLICATION MUST BE SUBMITTED BY MAIL APPROXIMATELY 60 DAYS PRIOR TO THE CASINO EVENT.

PLEASE PRINT CLEARLY

Application Date Completed: yy mm dd			AGLC ID #: _____		
ORGANIZATION NAME: <i>(as it appears on the Certificate of Incorporation)</i>					
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: <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:
_____		_____	_____	_____	_____

CASINO CHAIRPERSON <i>(For correspondence - may be contacted for clarification of this application)</i>					
Print Full Name: _____			Date of Birth: yy mm dd		
_____			_____		
Mailing Address: _____					

Postal Code					
Residence Phone:		Business Phone:		Fax:	Email:
() ()		() ()		() ()	_____

AUTHORIZATION FOR APPLICATION					
WE CERTIFY THAT: all information and documents supplied are correct, and the group has authorized us to make this request.					
WE ACKNOWLEDGE THAT: any AGLC Inspector may examine and make copies of all records relating to this request and/or licence. This includes the approved bank account(s) at any financial institution(s).					
President Signature: _____			Term Expires: yy mm dd		
Print Full Name: _____			Date of Birth: yy mm dd		
_____			_____		
Mailing Address: _____					

Postal Code					
Residence Phone:		Business Phone:		Fax:	Email:
() ()		() ()		() ()	_____
Treasurer Signature: _____			Term Expires: yy mm dd		
Print Full Name: _____			Date of Birth: yy mm dd		
_____			_____		
Mailing Address: _____					

Postal Code					
Residence Phone:		Business Phone:		Fax:	Email:
() ()		() ()		() ()	_____

CASINO LOCATION: _____	DATES OF EVENT: _____
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CASINO LICENCE APPLICATION CHECKLIST

In order to process your application efficiently, please ensure the following information is included:

Page 1

- Group Information (Legal Name, Address, etc.)
- Casino Chairperson (may be contacted for clarification of this application)
- The President's and Treasurer's signatures must be on the application
- Casino Location & Casino Dates

Page 2

- Community Benefit Statement

Page 3

- Proposed Use of Proceeds – list how the organization is proposing to spend the proceeds from this event
- Casino Bank Account number and effective date have been provided
- Staffing – Volunteer Key Position – list individuals working in the following key positions: General Manager, Alternate General Manager, Banker, Count Room Supervisor & Cashier
- Registered Advisor Name(s)

Page 4

- Charitable Organization Bank Account Declaration *must* be completed in full and signed
- An original pre-printed, unaltered VOID cheque for the casino bank account *must* be attached

VOLUNTEER WORKER APPLICATION FORMS (please print clearly)

- Volunteer Worker Application forms must be completed in **all areas**, including the **Criminal Record** question
- Volunteer Worker Application forms are required for each Key Position Volunteer only

Submit **only one copy** of your completed Casino Licence Application, including the bank account declaration form with original pre-printed, unaltered, VOID cheque and Volunteer Worker Application forms **by mail approximately 60 days** prior to your casino event.

Please ensure that the Casino Licence Application has been completed *in full* and all supporting documents are included with your submission. This will minimize delays in processing.

 **Retain copies for your organization records of all documents submitted to the Alberta Gaming and Liquor Commission**

COMMUNITY BENEFIT STATEMENT

To determine the organization's continued eligibility for a gaming licence, the following information is required:

1. Have your objectives changed in the past 12 months? Yes No
If yes, please describe:

2. Have your bylaws changed in the past 12 months? Yes No
If yes, please provide a copy of the amended "filed" bylaw.

3. Have you implemented any new programs in the past 12 months? Yes No
If yes, please describe:

4. Does your group deliver programs in conjunction with any other group or corporate entity? Yes No
If yes, please provide the name of the group(s):

5. If you are a sports group, what percentage of gaming funds benefit adults, youth, seniors or the disabled?

PROPOSED USE OF PROCEEDS (*Proceeds = Total Revenue less Expenses*)

List how the proceeds will be spent. Be as specific as possible; general descriptions will cause processing delays. Proposed use of proceeds may be amended at any time by providing a detailed written request for approval, prior to the expenditure. **NOTE:** When travel, wages or out-of-country donations are requested, applicable forms obtained from the AGLC must be submitted for prior approval.

CASINO BANK ACCOUNT

You may use an existing casino account for each approved casino event. The account shall have chequing privileges, and monthly return of cancelled cheques. All casino revenue shall be deposited into this account, and all payments are made by cheque.

Note: *This section **MUST** be completed to match the information listed on the Charitable Organization Casino Bank Account Declaration (page 4).*

Name of Financial Institution: (*bank, credit union, etc.*) _____ Date Casino Account Opened: _____

TRANSIT NUMBER

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INSTITUTION CODE

--	--	--	--

ACCOUNT NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

STAFFING - VOLUNTEER KEY POSITIONS (General Manager, Alternate General Manager, Banker, Count Room Supervisor and Cashier)

Volunteers in key positions must be a member of the organization. Only the individuals listed below will appear on the Volunteer Sign-in Sheet. A minimum of five (5) names **must be** provided. **A Casino Volunteer Worker Application form must be submitted for each volunteer in a key position.**

REGISTERED ADVISORS

Only individuals currently registered with the AGLC may work as Games Managers, Advisors, Pit Staff and Dealers. Licensed charities hire independent registered advisors to ensure compliance with AGLC, Gaming & Liquor Act, Gaming and Liquor Regulation and Board policies.

Name

*Registered Cash Cage Advisor: _____

Registered Count Room Advisor: _____

SPECIAL CASINO (complete this section only if event is not held in a licensed casino facility)

Facility/Equipment: Ownership of gaming equipment must be identified.

Casino Facility Name: _____

Casino Facility Address: _____

Registered Casino Equipment Supplier (*if different from Casino Facility Licensee*): _____

Location/Dates/Hours of Operations: _____

Licence Fee: Cheque/money order payable to **Alberta Gaming and Liquor Commission** must be attached.

\$ _____ X _____ X \$15.00 = \$ _____
Number of Games (*Except Poker*) Number of Days Total Fee Payable

CHARITABLE ORGANIZATION CASINO BANK ACCOUNT DECLARATION

The Alberta Gaming and Liquor Commission (AGLC) is responsible for the distribution of casino pooling proceeds to charities. This takes place in the form of an Electronic Funds Transfer (EFT) into the organization's casino bank account after the end of the pooling period.

In order to accommodate this procedure, and to ensure deposit of pooling revenue into the organization's casino bank account, each organization **must** provide accurate casino bank account information by completing this form and attaching an **original pre-printed, unaltered, VOID cheque** for the casino bank account. **PLEASE DO NOT SIGN CHEQUE.**

Please complete this form for every event your organization works, or anytime your organization's banking information changes.

Organization Name: _____ AGLC I.D. #: _____

Organization Address: _____

Casino Name: _____

Casino Event Date: _____

Bank Name: _____

Branch Name: _____

Branch Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: () _____ Fax Number: () _____

TRANSIT NUMBER	INSTITUTION CODE	ACCOUNT NUMBER

*****VOID CHEQUE MUST BE ATTACHED HERE*****
(DO NOT GLUE)

Alberta Gaming and Liquor Commission
Attention: Licensing Support
50 Corriveau Avenue
St. Albert, Alberta T8N 3T5

The undersigned charity declares that the information provided correctly describes the organization's casino bank account information.

 President **OR** Treasurer (print name)
circle appropriate title

 Signature of President **OR** Treasurer

 Date