



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

REQUEST TO USE GAMING PROCEEDS TO PAY WAGES/SALARIES

This form must be submitted and approved before gaming proceeds can be used for wages/salaries.

Return this form to:

Regulatory Division
50 Corriveau Avenue
St. Albert, Alberta T8N 3T5
Telephone: 780/447-8600 / Toll-Free: 1-800-272-8876
Fax: 780/447-8912 website: www.aglc.ca

Gaming proceeds may be used to pay salaries, wages, fees for service or honorariums only if the duties performed are essential to the group's program delivery, the duties are performed by a person with specialized qualifications and the **duties cannot be reasonably performed by a volunteer.**

Administrative duties, or any portion thereof, are not eligible except for disabled groups who cannot perform an administrative duty due to the nature of the disability.

Executive members or voting members cannot be paid from gaming proceeds for positions directly related to program delivery.

A Request to Amend Use of Gaming Proceeds (Form LIC/GAM 5506) may be used for:

- a. Changes to currently approved positions – providing all details of the changes are clearly listed.
- b. Officiating and judges' fees, if not currently approved and the positions are required during regular program or competitions.

ORGANIZATION NAME

Name: _____ I.D.#: _____

Address: _____

City/Town Postal Code

SIGNING AUTHORITIES

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: _____

Print Full Name: _____ Date of Birth:

Mailing Address: _____

Residence Phone: _____ Business Phone: _____ Fax: _____ Email: _____

Postal Code

Treasurer Signature: _____

Print Full Name: _____ Date of Birth:

Mailing Address: _____

Residence Phone: _____ Business Phone: _____ Fax: _____ Email: _____

Postal Code

(over)

THE FOLLOWING INFORMATION MUST BE ATTACHED TO THIS FORM FOR ALL POSITIONS

- A copy of the job description for each position, including percentage breakdown of time spent on each duty.
- List of qualifications necessary for each position which should include training, education, experience and any special skill requirement.

NOTE: IF THE INDIVIDUAL, JOB DESCRIPTION, OR RATE OF PAY SHOULD CHANGE FROM WHAT IS CURRENTLY OUTLINED, REQUEST FOR AMENDMENT MUST BE SUBMITTED TO THE AGLC FOR APPROVAL PRIOR TO IMPLEMENTATION.

PAYMENT TO INDIVIDUAL(S) OR COMPANY FOR FEE FOR SERVICE:

A. Name of Individual OR Company: _____	Voting Member(s): <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Position: _____
Start Date:(of request) <u> yy </u> <u> mm </u> <u> dd </u> End Date: <u> yy </u> <u> mm </u> <u> dd </u> Rate of Pay: _____	
B. Do you wish to claim any additional expenses from gaming proceeds in support of this wage or service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES: Travel expense \$ _____ Accommodation \$ _____ Food \$ _____ Vehicle Rental \$ _____ Other: \$ _____	
Will expenses noted in section B be paid directly to the individual/company <input type="checkbox"/> Yes <input type="checkbox"/> No OR paid by the charity <input type="checkbox"/> Yes <input type="checkbox"/> No	

A. Name of Individual OR Company: _____	Voting Member(s): <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Position: _____
Start Date:(of request) <u> yy </u> <u> mm </u> <u> dd </u> End Date: <u> yy </u> <u> mm </u> <u> dd </u> Rate of Pay: _____	
B. Do you wish to claim any additional expenses from gaming proceeds in support of this wage or service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES: Travel expense \$ _____ Accommodation \$ _____ Food \$ _____ Vehicle Rental \$ _____ Other: \$ _____	
Will expenses noted in section B be paid directly to the individual/company <input type="checkbox"/> Yes <input type="checkbox"/> No OR paid by the charity <input type="checkbox"/> Yes <input type="checkbox"/> No	

A. Name of Individual OR Company: _____	Voting Member(s): <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Position: _____
Start Date:(of request) <u> yy </u> <u> mm </u> <u> dd </u> End Date: <u> yy </u> <u> mm </u> <u> dd </u> Rate of Pay: _____	
B. Do you wish to claim any additional expenses from gaming proceeds in support of this wage or service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES: Travel expense \$ _____ Accommodation \$ _____ Food \$ _____ Vehicle Rental \$ _____ Other: \$ _____	
Will expenses noted in section B be paid directly to the individual/company <input type="checkbox"/> Yes <input type="checkbox"/> No OR paid by the charity <input type="checkbox"/> Yes <input type="checkbox"/> No	

FOR OFFICIAL USE ONLY	Approved / NOT Approved
Comments/Conditions: _____ _____ _____	_____
	per: Alberta Gaming and Liquor Commission

	Date

<p>The personal information you are providing on this application is collected under the authority of the Gaming and Liquor Act, Gaming and Liquor Regulation, and section 33(c) of the <i>Freedom of Information and Protection of Privacy Act</i>. The information is strictly for the use of the Alberta Gaming and Liquor Commission (AGLC) for authorized purposes only including assessing your eligibility for a licence and the processing of your application in compliance with AGLC policy. The personal information you provide is managed according to Alberta's <i>Freedom of Information and Protection of Privacy Act</i> under which you have a right of access to your personal information.</p>	<p>If you have any questions about the collection or use of the information, please contact:</p> <p>Regulatory Division Alberta Gaming and Liquor Commission 50 Corriveau Avenue St. Albert, Alberta T8N 3T5 Telephone: 780-447-8600 Toll-free: 1-800-272-8876</p>
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