



This form may be obtained from our website:
http://www.aglc.gov.ab.ca/pdf/gaming/gaming_forms/5421.pdf

BINGO LICENCE APPLICATION

Licensed Bingo Facility Other (Community) Bingo

50 Corrivue Avenue
St. Albert, Alberta T8N 3T5

Phone: (780) 447-8600 Toll-Free: 1-800-272-8876
Fax: (780) 447-8912 or 447-8911
Website: www.aglc.gov.ab.ca

**BEFORE FILLING OUT THIS APPLICATION, READ ATTACHED INFORMATION.
APPLICATION MUST BE SUBMITTED AT LEAST FOUR (4) WEEKS PRIOR TO FIRST EVENT.**

PLEASE PRINT CLEARLY

Application Date Completed: yy mm dd			AGLC ID #: _____		
Formal/Legal Name of Applicant: <i>(if applicable, as it appears on the Certificate of Incorporation)</i>					
Group's Legal Address:			Mailing Address: <i>(if different than legal)</i>		
_____			_____		
_____ Postal Code			_____ Postal Code		
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 group existed? # of Board Members: # of Org. Members:	
_____		_____		_____	

BINGO CHAIRPERSON <i>(For Correspondence)</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 application. Any AGLC Inspector may examine and make copies of all records relating to this application and/or licence. This includes the approved bingo bank account(s) at any financial institution(s).					
President Signature: _____					
Print Full Name: _____				Date of Birth: yy mm dd	
Mailing Address: _____					

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

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

Please complete the following checklist and include required supporting documentation, to eliminate processing delays:

- | | |
|--|--|
| <input type="checkbox"/> Copy of up-to-date incorporation documents to include registered bylaws, objectives, and certificate of incorporation; if not previously submitted. | <input type="checkbox"/> *Rules of play governing operation of bingo. |
| <input type="checkbox"/> Meeting motion authorizing application. | <input type="checkbox"/> *Schedule of games and prize payouts for each individual game to be played. |
| <input type="checkbox"/> *Licence Fee (if applicable) - cheque/money order payable to Alberta Gaming and Liquor Commission. | <input type="checkbox"/> *Copy of premises rental agreement (if applicable). |
- * If applying as a member of a licensed bingo facility, the facility licensee supplies.**

Bank Account. A separate bingo bank account shall be established. **NOTE:** You cannot use an existing gaming account for more than one active licence. The account shall have chequing privileges, and monthly return of cancelled cheques. All bingo revenue shall be deposited into this account, and all payments are made by cheque.

<p>Name of Financial Institution: (bank, credit union, etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Bingo Account Number:</p> <p>Branch Number: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>Account Number: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>If this is a new bingo bank account, please provide the date the account was established: _____</p> <p style="text-align: center;">Accurate information is required. If unsure, please contact your financial institution.</p>																								

Briefly describe the Group's programs and activities (use additional sheets if necessary)

Proposed Use of Proceeds (Proceeds = Total Revenue less Expenses and Prizes)

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 must be submitted for approval prior to expenditure.

DECLARATION OF COMMUNITY BENEFIT

In order to determine the group's eligibility for a gaming licence, please provide the following information. All questions must be answered in detail. The application will not be processed if the following information is not completed and/or supporting documents are not attached.

Type of programs or services delivered by the group:

Date(s) and approximate time(s) of program or service delivery:

Premises from which the program or service delivery is made:

Number of persons participating in the programs or receiving services, and the fee structure charged:

Number of persons who may potentially benefit from the programs or services offered by the group:

List programs or services that are restricted to members and those which are open to the general public:

Percentage of participants or recipients of the group's programs or services who are group members and percentage who are members of the public:

Explain why the group's programs or services is important to the community:

Describe how the group's programs or services are distinct or unique from any other similar programs or services already provided in the community:

TYPE OF BINGO Please check (✓) one

- Bingo as part of the _____ Bingo Facility Member Non-Member
- A single event to be held on _____, _____
- A series of events from _____, _____ to _____, _____
- weekly *day of the week* _____ Dates events will not be held: _____
- monthly *day and dates* _____
- other *dates* _____ **Total Number of Events to be held:** _____

Licence Fees (if applicable) x \$30/event = \$ _____

A \$30/event licence fee is required. If conducting bingo in a licensed bingo facility, the facility licensee will submit the fee. No fee is charged for community bingos where the yearly gross proceeds are less than \$150,000/year.

WHEN APPLYING to conduct events within a licensed bingo facility, the facility licensee will provide this information.

Name and Street Address of Bingo Facility _____ Seating Capacity: _____

_____ Postal Code _____

*** If applying to conduct events within a licensed bingo facility, the facility licensee will provide this information.**

EVENT/EXPENSES DETAILS - Use 24-hour clock -- if details of events differ, use second column.

Day of the Week		
Time - Start (at precall)	Hrs	Hrs
- Finish	Hrs	Hrs
Admission Price		
Regular Card Price	for \$	for \$
Extra Regular Card Price	for \$	for \$
Total Regular Games		

Loonie Pots		Payout
#1	\$	%
#2	\$	%

Minors Exemption Request (see attached for additional info)

Expenses Per Event:

Paper Products		
Caller		
Cashier		
Advertising		
Rent		
Licence Fee (if applicable, see attached)		
Volunteer Meals/Refreshments		
Other _____		
TOTAL		

Special Card Games with Extra Charge (e.g., Bonanza, Nickel)

Satellite Link

	Card Price	Payout
Bonanza		
Nickel		
Other _____		

