

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.gov.ab.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.

1. The services provided must be essential to a group's charitable work in the community.
2. Administrative duties are not eligible except for disabled groups who cannot perform an administrative duty due to the nature of the disability.
3. Duties must require technical skills. They cannot be reasonably done by volunteers.
4. Any individual being paid must have specialized qualifications.
5. **Approval to pay a salary or wage is not transferable from one individual to another.**
6. Groups proposing to pay wages, salaries, fees for service and honorariums must complete and submit to the Commission the "Request to Use Gaming Proceeds to Page Wages/Salaries" form (Form 5442). This form does not have to be completed for the fees of officials or judges.

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. 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: yy mm dd	
Mailing Address: _____			

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

Treasurer Signature: _____			
Print Full Name: _____		Date of Birth: yy mm dd	
Mailing Address: _____			

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

(over)

The following information must be attached to this form:

- A copy of the job description
- List of qualifications necessary for the position

Position Title (job description must be attached): _____ Rate of Pay: \$ _____

Qualifications required for this position (i.e., training, education, experience) -- attach additional pages if required.
Note: Qualifications of the position are determined by the organization.

Name of Individual: <i>(attach additional pages if necessary)</i>	<u>Print Full Name</u>	<u>Term of Position</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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 COMMISSION FOR APPROVAL PRIOR TO IMPLEMENTATION.

<p>The information you are providing on this application form is collected under the authority of the <i>Gaming and Liquor Act</i>, Gaming and Liquor Regulation, and the <i>Freedom of Information and Protection of Privacy (FOIP) Act</i>, section 33(c). The information is strictly for the use of the Alberta Gaming and Liquor Commission in assessing your eligibility.</p> <p>Your personal information is protected by Alberta's FOIP Act and can be reviewed upon request.</p>	<p>If you have any questions about the collection or use of the information, please contact:</p> <p>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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