



This form may be obtained from our website:  
<http://www.aglc.gov.ab.ca/policies/forms.asp>

# 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](http://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: \_\_\_\_|\_\_|\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

( ) | ( ) | ( ) | \_\_\_\_\_

**Treasurer Signature:** \_\_\_\_\_

Print Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_|\_\_|\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

( ) | ( ) | ( ) | \_\_\_\_\_

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.**

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

<b>FOR OFFICIAL USE ONLY</b>	<b>Approved / NOT Approved</b>
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 collected as part of this application is for the sole use of the Alberta Gaming and Liquor Commission in determining the eligibility of the applicant for registration.</p> <p>The specific legal authority for the collection of this information is the <i>Alberta Gaming and Liquor Act</i>, and the <i>Alberta Gaming and Liquor Regulation</i>.</p>	<p>Enquiries regarding the collection of information in accordance with the <i>Freedom of Information and Protection of Privacy Act</i> should be directed to:</p> <p style="text-align: center;">             Alberta Gaming and Liquor Commission              50 Corriveau Avenue              St. Albert, Alberta T8N 3T5              Telephone: (780) 447-8600 Fax: (780) 447-8919              Website: www.aglc.gov.ab.ca           </p>
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