



Alcohol and Gaming Commission of Ontario
Licensing and Registration
90 SHEPPARD AVE E
SUITE 200
TORONTO ON M2N 0A4
Fax: 416 326-8711
Tel: 416 326-8700 or 1 800 522-2876 toll free in Ontario

Registration as an Operator or Supplier Guide

Instructions

Complete this form if you are applying for registration as one of the following:

a) Operator

An entity that operates a gaming site in Ontario (e.g. casino, slot machine facility, bingo hall).

b) Gaming-Related Supplier

An entity that manufactures, provides, installs, tests, maintains or repairs gaming equipment or who provides consulting or similar services directly related to the playing of a lottery scheme or the operation of a gaming site.

c) Non-Gaming-Related Supplier

An entity that provides goods or services that relate to the construction, furnishing, repair, maintenance or business of a gaming site or a related business but that, in the opinion of the Registrar of Alcohol and Gaming, are not directly related to the playing of a lottery scheme or the operation of a gaming site.

Sector

Applicants must indicate in **Section 2** of the application the sectors (s) in which you are or are applying to be registered:

- **Commercial Sector** - e.g. casino, slot machine facility
- **Charitable Sector** - e.g. bingo hall, fair and exhibition (e.g. CNE)
- **Lottery Sector** - e.g. Ontario Lottery and Gaming Corporation lotteries

We require this information as part of our risk assessment and in order to determine the appropriate fee applicable to your registration. If any of this information changes following this application being filed, notice to the AGCO must be provided.

Please call AGCO Customer Service if you need help completing this section.

Attachments

Where the space provided is insufficient to complete your response, attach a separate sheet of paper identifying the name of the applicant and label each answer with the appropriate question number and title.

Definitions

- 1. Entity:** Includes any corporation, partnership, sole proprietorship, trust, joint venture or other form of business association.
- 2. Affiliate:** An organization that directly or indirectly, through one or more intermediaries, controls, is controlled by or is under common control with another organization.
- 3. Subsidiary:** A corporation controlled by another corporation.
- 4. Shareholder:** An individual or entity that holds ownership through shares in a corporation.
Note: For the purposes of this application, the Registrar requires disclosure from the holders of 5% or more of any shares of an applicant corporation.
- 5. Principal Employee:**
 - An individual who needs ongoing access to sensitive areas* of an Ontario gaming site on behalf of the applicant;
 - An individual who negotiates or sets prices on behalf of the applicant with an operator of an Ontario gaming site;
 - An individual who has signing authority related to the applicant's business dealings with an Ontario gaming site; or,
 - An individual who has or will have ultimate decision-making authority over the applicant's day-to-day business dealings with an operator of an Ontario gaming site.

* "Sensitive areas" are any area that requires strict access controls to secure the gaming site and/or safeguard gaming integrity or assets. Individuals who work with or service gaming equipment would also be considered to be accessing a "sensitive area".

Enterprise Disclosure

An **Enterprise Disclosure Form** must be completed by the following entities:

- An applicant that is a corporation (whether profit or not for profit) or a trust;
- A corporate shareholder (including any parent or holding corporation) holding 5% or more of any shares of an applicant corporation; and
- A corporation or a trust with an interest in an applicant entity (e.g. through a partnership, joint venture, association).

Do not submit an Enterprise Disclosure Form for corporations affiliated to the applicant through common ownership and/or subsidiaries of the applicant corporation unless requested by the Registrar.

Personal Disclosure

A **Personal Disclosure Form** must be completed by the following individuals associated with an applicant entity:

- A sole proprietor (in the case of an applicant who is a sole proprietor);
- A partner (in the case of an applicant that is a partnership);
- An officer or director of an applicant corporation and/or any parent or holding corporations;
- A shareholder holding 5% or more of any shares of an applicant corporation;

- A trustee and beneficiary of any trusts that hold any shares or interest in an applicant and/or its parent or holding corporations; and
- A principal employee of an applicant.

Registration Fee

If applicable, registration fees are to be submitted with this application.

The fee schedule and information regarding methods of payment are available on the AGCO website at <http://www.agco.on.ca>.

In addition to the application for registration fee, the Registrar may require the applicant to pay the reasonable costs of an investigation prior to processing of the application.

Please note that fees are non-refundable.

Application Checklist

The following must be mailed or delivered to the address below:

- This application form
- A **Personal Disclosure Form(s)** for persons identified above
- An **Enterprise Disclosure Form(s)** (if applicable)
- Registration fee (if required)
- Schematic diagram (if applicable)
- Any attachments

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Please keep a copy of your forms and any attachments for your records.

Warning:

It is the responsibility of the applicant to notify the Registrar of Alcohol and Gaming in writing within 5 days of any material changes to the information supplied on this application or any attachment.

The provision of false, incomplete or misleading information, or the omission of information in this application or in the documents submitted with this application, or the failure to notify the Registrar of Alcohol and Gaming of any material changes to this information which occur following this application being filed, may result in the refusal, suspension or revocation of registration.

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Registration as an Operator or Supplier Form

You may complete this application online and print the document for submission, or fill it out by hand. Please PRINT clearly in INK. You must answer every question in this application. Incomplete or improperly completed applications may be returned.

For Office Use Only	W# _____	R# _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Credit
	F# _____	V# _____	\$ _____
	Notes		

1. Type of Application

<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Reinstatement	AGCO File Number: _____
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2. Sector

Check all that apply

<input type="checkbox"/> OPERATOR	Sector	Frequency of Events	Number of Gaming Sites
	<input type="checkbox"/> Commercial	(Not Applicable)	
	<input type="checkbox"/> Charitable	<input type="checkbox"/> 4 or more events in a 7-day period	
		<input type="checkbox"/> 3 or less events in a 7-day period	
<input type="checkbox"/> Lottery	(Not Applicable)		
<input type="checkbox"/> GAMING-RELATED SUPPLIER	Sector	Provide Goods & Services	Manufacturer of Equipment
	<input type="checkbox"/> Commercial	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Charitable	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Lottery	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> NON-GAMING-RELATED SUPPLIER			

3. (a) Applicant (full legal name)

3. (b) Operating/Business Name (name by which the applicant is known to the public, if different from above)

4. (a) Financial Gain from Registration

Please choose below the range that best indicates the total revenue (before taxes) in Canadian dollars that you are expecting to receive for your products and services under this registration

Less than \$100,000
 \$100,001 to \$500,000
 \$500,001 to \$2,000,000
 Greater than \$2,000,000

4.(b) Nature of Goods and Services

Please describe briefly the nature of goods and/or services to be supplied by the applicant.

5. Contact (provide the following information for the person to be contacted in reference to this application)

Last Name	First Name	Middle Name(s)
Job Title/Position		
Telephone Number ()	Fax Number ()	Email

6. Head Office/Business Address (we do not accept P.O. Boxes for this address)

Street Number	Street Name	Street Type	Direction	Suite/Floor/Apt.
Lot/Concession/Rural Route	City/Town/Municipality	Province/State	Country	Postal Code/Zip Code
Telephone Number ()	Ext	Fax Number ()	Email	

7. Mailing Address (if different from Head Office/Business Address above)

Street Number	Street Name	Street Type	Direction	Suite/Floor/Apt
Lot/Concession/Rural Route	City/Town/Municipality	Province/State	Country	Postal Code/Zip Code

8. Multiple Sites

If the applicant is an operator and operates more than one gaming site in Ontario, please attach a separate page listing all the locations. For each location, please include the following information: (1) legal and business/operating name of the location; (2) address; (3) telephone number; and, (4) fax number.

List/details attached

9. Lottery Products

If the applicant is an operator, is it authorized to sell lottery products on behalf of the Ontario Lottery and Gaming Corporation (OLG)? Note: all applicants wishing to sell lottery products must have a valid OLG Retailer Agreement in place.

Yes No ► If **YES**, provide OLG RL#: _____
 ► If OLG lottery products are sold at multiple gaming sites in Ontario, please provide the OLG Retailer Location Number for each location. This information can be included in the list provided in response to Question 8 above.

10. Business Structure (Check the box and complete the section below that best describes the applicant's business structure)

10.1 <input type="checkbox"/> Sole Proprietor		
Last Name	First Name	Middle Name(s)
Attach to this form a copy of the applicant's financial statements and completed tax return and assessment for the last fiscal year in which the applicant filed. <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached: please explain		
Principal employees of the sole proprietor (if different from individual above):		
Last Name	First Name	Middle Name(s)
Last Name	First Name	Middle Name(s)
Last Name	First Name	Middle Name(s)

Please attach a separate list (marked 10.1) if you require more space. List Attached

A **Personal Disclosure Form** must be attached to this application for each individual listed above.

10.2 <input type="checkbox"/> Corporation/Trust	
Legal name of corporation/trust	
a)	An Enterprise Disclosure Form must be completed by the above named corporation/trust along with any corporate shareholders (including any parent or holding corporation) holding 5% or more of any shares of the corporation and attached to this application.
b)	A schematic diagram showing the relationship between the applicant and all shareholders (including parent or holding corporations) owning 5% or more of any shares of the applicant corporation and any affiliated or subsidiary corporations must accompany this application (see example in Section 11).

10.3 <input type="checkbox"/> Partnership under the <i>Partnerships Act</i>		
Legal names of individuals and/or corporations, partnerships or trusts that form the partnership		
Name	Percentage partnership interest	%

Name	Percentage partnership interest	%

Name	Percentage partnership interest	%

Attach to this form: (i) a copy of the partnership agreement (and any amendments thereof), (ii) a copy of the applicant's financial statements for the last fiscal year, and (iii) a copy of all completed tax returns and assessments for any individual listed above for the last fiscal year in which they filed. <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached: please explain		
Principal employees of the partnership (if different from above):		
Last Name	First Name	Middle Name(s)
Last Name	First Name	Middle Name(s)
Last Name	First Name	Middle Name(s)

Please attach a separate list (marked 10.3) if you require more space. List Attached

a)	A Personal Disclosure Form must be attached to this application for each individual listed above.
b)	An Enterprise Disclosure Form must be completed by each corporation or trust listed above or any corporation or trust with an interest in a partnership listed above and attached to this application.
c)	A schematic diagram showing the relationship between the partners, any affiliates or subsidiary entities and any individual or entity that has a 5% or greater interest in the partnership must accompany this application (see example in Section 11).

10.4 Limited Partnership declared under the *Limited Partnerships Act*

Legal name of individuals and/or corporations, partnerships or trusts that form the limited partnership:

Name of General Partner(s)

Name of Limited Partner(s)

Attach to this form:

- (i) a copy of the **declaration** filed establishing the limited partnership (and any change declarations),
- (ii) a copy of the **limited partnership agreement** (and any amendments thereto),
- (iii) a copy of the **extra-provincial power of attorney** if the limited partnership is organized under the laws of a jurisdiction other than Ontario,
- (iv) a copy of the **applicant's financial statements** for the last fiscal year, and
- (v) a copy of all **completed tax returns and assessments** for any individual listed above for the last fiscal year in which they filed.

Attached Not Attached: please explain

Please attach a separate list (marked 10.4) if you require more space. List Attached

Principal employees of the partnership (if different from above):

Last Name	First Name	Middle Name(s)

a)	A Personal Disclosure Form must be attached to this application for each individual listed above.
b)	An Enterprise Disclosure Form must be completed by each corporation or trust listed above or any corporation or trust with an interest in a partnership listed above and attached to this application.
c)	A schematic diagram showing the relationship between the partners, any affiliates or subsidiary entities and any individual or entity that has a 5% or greater interest in the partnership must accompany this application (see example in Section 11).

10.5 Joint Venture

Legal names of corporations, partnerships or trusts involved in the joint venture:

Name

Name

Name

Please attach a separate list (marked 10.5) if you require more space. List Attached

a)	An Enterprise Disclosure Form must be completed by each corporation or trust listed above or any corporation or trust with an interest in a partnership listed above and attached to this application.
b)	A schematic diagram showing the relationship between the joint venture partners, any affiliates or subsidiary entities and any individual or entity that has a 5% or greater interest in the joint venture must accompany this application (see example in Section 11).

10.6 Association, Voluntary Association, Unincorporated Association

Legal names of individuals and/or corporations, partnerships or trusts that form the association:

Name

Name

Name

Attach to this form:

(i) a copy of the **applicant's financial statements** for the last fiscal year, and

(ii) a copy of all **completed tax returns and assessments** for any individual listed above for the last fiscal year in which they filed.

Attached Not Attached: please explain

Please attach a separate list (marked 10.6) if you require more space. List Attached

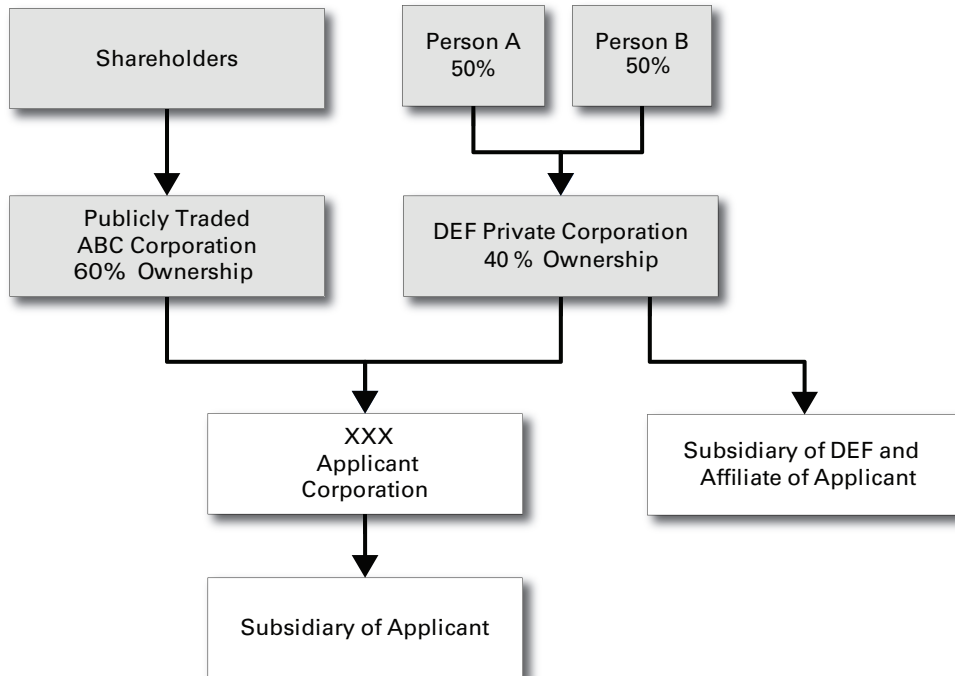
Principal employees of the association (if different from above):

Last Name	First Name	Middle Name(s)

- a) A **Personal Disclosure Form** must be attached to this application for each individual listed above.
- b) An **Enterprise Disclosure Form** must be completed by each corporation or trust listed above or any corporation or trust with an interest in a partnership listed above and attached to this application.
- c) A **schematic diagram** showing the relationship between the applicant and any entities forming the association, any affiliates or subsidiary entities and any individual or entity that has a 5% or greater interest in the association must accompany this application (see example in Section 11).

11. Schematic Diagram

Schematic Diagram: Attached Not applicable: please explain



NOTIFICATION UNDER FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT Subsection 39(2):

NOTICE

The information on this form is collected pursuant to the *Gaming Control Act, 1992*. The principal purpose for which this information will be used is to consider my suitability or continued suitability for a gaming registration.

CONSENT

I consent to the Registrar of Alcohol and Gaming collecting such additional information about me as may be necessary to verify the information provided on this form and to determine my suitability or continued suitability for a gaming registration. I understand that it may be necessary for the Registrar to collect and receive additional information from any source, including some or all of the following domestic and foreign sources: financial institutions, credit bureaus and credit reporting agencies, regional and national banking and loan institutions. I further consent to the disclosure to the Registrar of any information sought including my police or criminal record, if any, and I hereby authorize the Chief of Police or other Officer in Charge to forward all relevant information to the Registrar. I hereby authorize the Ontario Provincial Police (OPP) to release records of criminal convictions and findings of guilt for which a pardon has not been granted, records of discharges which have not been removed from the Canadian Police Information Centre (CPIC) system in accordance with the *Criminal Records Act* and records of outstanding criminal charges of which the OPP is aware to the Registrar.

ADDITIONAL INFORMATION

If you have questions about the collection of your personal information on this form, please contact:

Registrar of Alcohol and Gaming

90 SHEPPARD AVE E
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Tel: 416 326-8700 or 1 800 522-2876 toll free in Ontario

Declaration

I solemnly declare that I have read over this form and I make this solemn declaration conscientiously believing its contents to be true and knowing that it is of the same force and effect as if made under oath.		
I also understand that this form may not set out all the questions that I may be asked nor constitute all the documentation and/or information that I may be required to supply. I understand that further questions may become necessary and that further documentation and/or information may be required during the application process and that if I do not wish to answer any further questions or supply any further documentation or information that my application will be abandoned.		
Name		
Signature	Date YYYY MM DD 	

The person named above must have the authority to bind the entity that is named in Question 3(a) above.