

## REQUEST FOR CASINO LICENCE

50 Corriveau Avenue  
St. Albert, Alberta T8N 3T5

Phone: (780) 447-8600 Toll-Free: 1-800-272-8876  
Fax: (780) 447-8911 or 447-8912 Website: [www.aglc.ca](http://www.aglc.ca)

Application Completed Date:  yy |  mm |  dd

**I hereby confirm that the:** \_\_\_\_\_ **AGLC ID#** \_\_\_\_\_  
 \_\_\_\_\_  
 Organization's Name (as it appears on the Certificate of Incorporation)

**held a casino on:** \_\_\_\_\_

**Please Note:** This form cannot be submitted until after your casino has been completed, and must be completed by a member of the organization with signing authority.

We hereby request to be considered for another casino licence.

**Location of casino (please check one):**

<input type="checkbox"/> Edmonton	<input type="checkbox"/> Red Deer	<input type="checkbox"/> Camrose	<input type="checkbox"/> Grande Prairie	<input type="checkbox"/> Calgary Rural
<input type="checkbox"/> Calgary Urban	<input type="checkbox"/> Medicine Hat	<input type="checkbox"/> St. Albert	<input type="checkbox"/> Fort McMurray	<input type="checkbox"/> Lethbridge

**Note: The following public casinos are assigned on a first-come, first-serve basis.**

**Please indicate quarter that is **NOT** suitable:**

<input type="checkbox"/> Jan/Feb/Mar	<input type="checkbox"/> Apr/May/June	<input type="checkbox"/> July/Aug/Sept	<input type="checkbox"/> Oct/Nov/Dec
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Is the organization willing to conduct a casino on:

Sunday?  Yes  No    Easter?  Yes  No    Christmas/New Year's (excluding Christmas Day)?  Yes  No

(Note: Casinos are NOT open on Christmas Day)?

### To be completed by President or Treasurer (please circle)

Name (please print) _____	( ) _____ Residence Phone #
Address _____	( ) _____ Business Phone #
City/Town _____ Postal Code _____	( ) _____ Fax #
Signature _____	

### To be completed by Casino Chairperson

Name (please print) _____	( ) _____ Residence Phone #
Address _____	( ) _____ Business Phone #
City/Town _____ Postal Code _____	( ) _____ Fax #

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 Freedom of Information and Protection of Privacy Act. 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 Freedom of Information and Protection of Privacy Act under which you have a right of access to your personal information. If you have any questions about the collection or use of this information, please contact: 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