



APPLICATION FOR LIQUOR AGENCY REGISTRATION

NAME OF REGISTRANT:
(e.g., Company, Partnership or Individual) _____

OPERATING NAME: _____

STREET ADDRESS: _____

CITY/TOWN: _____ PROVINCE: _____ POSTAL CODE: _____

MAILING ADDRESS: _____

CITY/TOWN: _____ PROVINCE: _____ POSTAL CODE: _____

CONTACT NAME: _____ PHONE: _____

EMAIL ADDRESS: _____

BY SIGNATURE I / WE CERTIFY THE ABOVE INFORMATION IS CORRECT.

DATE: _____



SIGNATURE OF REGISTRANT

In the event that the licence application process is not completed within one year of the submission date, AGLC may require that a new application be made.

The information you are providing on this application form is collected under the authority of the *Gaming, Liquor and Cannabis Act*, *Gaming, Liquor and Cannabis Regulation*, and the *Freedom of Information and Protection of Privacy (FOIP) Act*, section 33(c). The information is strictly for the use of AGLC in assessing your eligibility.

Your personal information is protected by Alberta's FOIP Act and can be reviewed upon request. If you have any questions about the collection or use of the information, please contact: AGLC, 50 Corriveau Avenue, St. Albert, Alberta T8N 3T5

Telephone: 780-447-8600

Toll-free: 1-800-272-8876

Fax: 780-447-8911