



APPLICATION FOR LIQUOR AGENCY REGISTRATION

NAME OF REGISTRANT:
(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: _____

APPLICATION IS MADE FOR A LICENCE TO OPERATE IN ACCORDANCE WITH THE PROVISIONS OF THE *GAMING, LIQUOR AND CANNABIS ACT*; *GAMING, LIQUOR AND CANNABIS REGULATION*; AND ALL CONDITIONS PRESCRIBED BY THE BOARD OF AGLC.

THIS APPLICATION IS TO COVER - (PLEASE CHECK APPROPRIATE BOXES)

Liquor agency Contracting agency

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

DATE: _____ X _____
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.

Protection of Privacy – The personal information requested on this form is collected under the authority of Section 33(c) of the *Alberta Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that Act. It will be used for the administration of all policies and processes relating to liquor licensing. Direct any questions about this collection to: AGLC FOIP Coordinator, 50 Corriveau Avenue, St. Albert, AB T8N 3T5 780-447-8600 or toll free at 1-800-272-8876.