AGLC
Choices Albertans can trust.

PARTICULARS OF INDIVIDUAL

NAME _____ (Surname) _____ (First Name) _____ (Middle Name(s) (in full))

MAIDEN NAME _____ OTHER NAMES _____

DATE OF BIRTH _____ (Year) _____ (Month) _____ (Day)

☐ CANADIAN CITIZEN
☐ LANDED IMMIGRANT

PLACE OF BIRTH _____ CONTACT PHONE: _____

EMAIL ADDRESS _____

Please check (✓)

☐ Licensee/Registrant ☐ Director/Officer ☐ Shareholder ☐ General Manager ☐ Manager

NAME OF APPLICANT:
(Company, Partnership) _____

NAME OF PREMISES/AGENCY:
(Operating/Trade Name) _____

STREET ADDRESS _____

_____ (City) _____ (Postal Code)

I hereby authorize Alberta Gaming, Liquor & Cannabis to undertake a criminal record check, with any police agency, to determine my eligibility to be involved in liquor or cannabis licensed premises, liquor agency or registered cannabis representative.

_____ (Signature) _____ (Date)

A privacy statement for the collection of personal information may be found at www.aglc.ca.