

http://aglc.ca **Regulatory Services** 

## SPECIAL EVENT PUBLIC RESALE – COMMERCIAL LIQUOR LICENCE

To be considered for a liquor licence, submit the following:

- 1. \$500 licence fee (cash, cheque drawn on the applicant's bank account or money order made payable to AGLC).
- 2. Application for Public Resale-Commercial Event (Form 5308).
- 3. Floor plan of the event site including measurements of areas to be licensed. Show all entrances/exits, liquor service and consumption areas. Occupant Load Certificate(s) are required if measurements are not indicated. In the case of an outside event, the plan will show the location of the licensed and related areas. Hand drawn is acceptable.
- 4. Lease, rental agreement or certificate of title for the event site.
- 5. Current criminal record check (original and obtained within the last 90 days) provided by RCMP or local police for all directors and shareholders of the applicant company. If the applicant is an individual, that individual must provide the check.
- 6. Particulars of Individual (Form 5013) completed by all directors and shareholders.
- 7. A detailed security plan (included emergency preparedness, security assessment and mitigation strategies) is required.
- 8. For tasting style events a letter of request to operate on-site from the Class D Retail Liquor Store licensee.

Note: This application and floor plan must be accompanied by the written acknowledgement of the public health inspector/environmental health officer, fire chief or provincial fire inspector, and local police agency.

### ONLY COMPLETED APPLICATION PACKAGES WILL BE PROCESSED

- You may be contacted by an AGLC Inspector in order to arrange a meeting to discuss requirements and regulations of a Special Event Public Resale Commercial licence.
- Everyone involved in the sale and service of liquor, must be ProServe certified and all security staff must be ProServe and protect certified.

# A SPECIAL EVENT LIQUOR LICENCE WILL NOT BE ISSUED UNTIL ALL OF THE ABOVE STEPS HAVE BEEN COMPLETED

Return your completed package to:

#### **AGLC**

Attention: Liquor/Cannabis Licensing 50 Corriveau Avenue St. Albert, Alberta T8N 3T5 Ph: 780-447-8846

Calgary, Alberta T2E 7H7 Ph: 403-292-7300 sel@aglc.ca

OR

liquorapplications.calgary@aglc.ca

Attention: Liquor/Cannabis Licensing

# ALLOW FOUR TO SIX WEEKS FOR PROCESSING

310, 6715 - 8 Street NE

PROTECTED A WHEN COMPLETED FORM RS/LIC 5308 (2022 Jun)



# APPLICATION FOR SPECIAL EVENT LICENCE PUBLIC RESALE—COMMERCIAL

NAME OF APPLICANT:					
(Company/Partnership/Individual)					
MAILING ADDRESS:					
Street/PO Box:					
City/Town:				Postal Code:	
			duration of the	e event.	
E-Mail Address: Phone: Contact			уу	mm Birthdate	dd
<b>EVENT</b> Name of Event:  Licensed area(s) will be designa	ted as:	nors Allowed (	OR	☐ Minors Prohibited	
EVENT DETAILS Provide a de	tailed description of your evo	ent and entertainment (i	music, activiti	es etc.) below:	

DATE(S) FOR LOCATION #1 Date: Service Hours: start end consumption to start: Service Hours: start end consumption to start start end consumption to start start end consumption to start: Service Hours: start end co	OCATION #1				
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Name of Liquor Store:	ProServe training before the event.				
Name of Liquor Store:					
Name of Liquor Store:		at at			<u>,</u>
	ON-SITE RETAIL LIQUOR STORE ** FOR TASTING	3 STYLE EVENTS ONLY **			
	Name of Liquor Store:				
	Phone:				

FOOD SERVICE	
List all food items:	
LIQUOR PURCHASES	
Name of Liquor Store:	
Phone:	
	t this application is made on the understanding and agreement that if a Special Event Public Resale-
	t is so issued and accepted by the licensee in accordance with the <i>Gaming, Liquor and Cannabis Act;</i> Regulation; and AGLC Policies.
Signatures:	
Licensee:	Date
LICENSEE.	Date:
Name:	Diago Drint
	Please Print

The licensee is responsible for ensuring compliance with all legislation, policies and requirements governing the sale and consumption of liquor.

Name of Event:		Date of Ev	ent:	
		by the written acknowledgement of the puire inspector, and local police agency.	blic health inspector/	,
Police:				
	Nam	e (Please Print)	Contact P	hone (Business)
	Signature	Position Title or Badge #		
Comments:		Ü		
			Date:	
Fire:				
	Nam	e (Please Print)	Contact P	hone (Business)
	Control			
Comments:	Signature	Position Title or Badge #		
			Date:	
				•
Health:	No	25.	- Contact P	(2)
	мат	e (Please Print)	Contact P	hone (Business)
	Signature	Decition Title on Dadge #		
Comments:	Signature	Position Title or Badge #		
			Date:	



# 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/Registra	nt Director/Officer	Shareholder General Mana	ger Manager
NAME OF APPLICANT: (Company, Partnership NAME OF PREMISES/A (Operating/Trade Nam	GENCY:		
STREET ADDRESS			
		City	Postal Code
determine my eligibility In the event there is a f I have provided and/o	to be involved in liquor or canna inding of unsuitability with respension information identified during	(AGLC) to undertake a criminal record che bis licensed premises, liquor agency or regisect to my application, I authorize AGLC to shat the course of the background investigations well as any hearing panel of AGLC.	tered cannabis representative.  are as necessary, the information
	Signature	Date	

A privacy statement for the collection of personal information may be found at <a href="www.aglc.ca">www.aglc.ca</a>.