

TICKET – NEW INQUIRY FORM

Please complete all sections of this form and return via email to retailnetworks@aglc.ca or via fax to 780-447-8910.

A. Personal Information

First and Last Name: _____

Home phone #: _____ Cell phone #: _____

Email Address: _____

B. Location Information

Location Name: _____

Location Address: _____

City: _____ Postal Code: _____

Location Phone #: _____

Hours of Operation:

(24-Hour	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open							
Close							

Type of Business ie. Convenience store, Supermarket, Gas: _____

Square Footage of Store: _____

Annual Sales (estimate if new): _____

Traffic Flow of people/day (estimate if new): _____

Is location Open? _____ If no, opening Date: _____

ADDITIONAL COMMENTS: _____

For office use only:

Date Received: _____

Processed by: _____