

SPECIAL EVENT PUBLIC RESALE - COMMUNITY LIQUOR LICENCE

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

1. Licence fee (cash, cheque drawn on the applicant organization's bank account or money order made payable to AGLC).
2. Application for Public Resale-Community Event (Form 5309).
3. Detailed description of the event (fair, tournament, rodeo)
4. Floor plan of the event site including measurements of areas to be licensed. Show all entrances/exits, liquor 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.
5. Lease, rental agreement or certificate of title for the event site.
6. Proof of active annual return filed with Corporate Registry.
7. For tasting style events a letter of request to operate on-site from the Class D Retail Liquor Store licensee.

ONLY COMPLETED APPLICATION PACKAGES WILL BE PROCESSED

The AGLC may determine that a detailed security plan (included emergency preparedness, security assessment and mitigation strategies) is required.

An Inspector may contact you to arrange a meeting to discuss requirements and regulations of a Special Event Public Resale-Community licence.

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: 780-447-8600
sel@aglc.ca

ALLOW FOUR TO SIX WEEKS FOR PROCESSING

NAME OF APPLICANT:

(Organization/ Service Club/
Municipality): _____

MAILING ADDRESS:

Street/PO Box: _____

City/Town: _____

Postal Code: _____

Phone: _____

() _____

LICENCE COORDINATOR

The licence coordinator or designate must be ProServe certified and onsite for the duration of the event.

Name: _____

E-Mail Address: _____

Phone: _____

() _____

Contact Day

() _____

Cell

yy

mm

dd

Birthdate

EVENT

Name of Event: _____

Date(s) of Event: _____

Location of Event (City/Town): _____

Maximum Attendance Expected in Licensed Area:

Location #1 _____

Location #2 _____

Licensed area(s) will be designated as:

Minors Allowed

OR

Minors Prohibited

Type of Advertising (newspaper, poster, online): _____

LOCATION #1

Name of Building/Room: _____
Street Address: _____
City/Town: _____
Location is: Owned Leased Rented Occupant Load: _____

DATE(S) FOR LOCATION #1

Date: _____	Service Hours: _____	start	end	consumption to
Date: _____	Service Hours: _____	start	end	consumption to
Date: _____	Service Hours: _____	start	end	consumption to
Date: _____	Service Hours: _____	start	end	consumption to

SUPERVISION FOR LOCATION #1

- Minimum one supervisor for every 50 patrons, plus each entrance and exit. 25% of all servers/bartenders on shift must be ProServe certified.

Number of Bartenders/Servers _____
Number of Supervisors/Security Staff: _____ Number of Entrances/Exits: _____
Type of Identification (t-shirt, lanyard): _____

LOCATION #2

Name of Building/Room: _____
Street Address: _____
City/Town: _____
Location is: Owned Leased Rented Occupant Load: _____

DATE(S) FOR LOCATION #2

Date: _____	Service Hours: _____	start	end	consumption to
Date: _____	Service Hours: _____	start	end	consumption to
Date: _____	Service Hours: _____	start	end	consumption to
Date: _____	Service Hours: _____	start	end	consumption to

SUPERVISION FOR LOCATION #2

- Minimum one supervisor for every 50 patrons, plus each entrance and exit. 25% of all servers/bartenders on shift must be ProServe certified.

Number of Bartenders/Servers _____
Number of Supervisors/Security Staff: _____ Number of Entrances/Exits: _____
Type of Identification (t-shirt, lanyard): _____

FOOD SERVICE

List all food items:

LIQUOR PURCHASES

Liquor Store Name: _____

Phone: () _____

LIQUOR STORAGE

Describe how and where liquor will be stored: _____

SIGNING AUTHORITIES

We certify that all information and documents supplied are correct, and the group has authorized us to make this application.

President's Name: _____ Contact Phone: () _____
Please Print

Treasurer's Name: _____ Contact Phone: () _____
Please Print

Secretary's Name: _____ Contact Phone: () _____
Please Print

We hereby acknowledge that this application is made on the understanding and agreement that if a Special Event Public Resale-Community licence is issued, it is so issued and accepted by the licensee in accordance with the *Gaming, Liquor and Cannabis Act*; Gaming, Liquor and Cannabis Regulation; and AGLC policies.

We confirm that all monies from liquor sales will be deposited into the special event licensee's general bank account. We understand that AGLC may periodically review this information.

SIGNATURES:

Licence Coordinator: _____ Date: _____

President: _____ Date: _____

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

